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ABSTRACT

This report seeks to define basic terms for use in mental health, alcoholism, drug abuse and mental retardation programs in order to achieve some progress toward a long-range goal of improved communication and exchange of information among concerned disciplines in these fields. While the report does represent the most complete and developed work in this area to date, the NIMH does not require the use of these definitions in any particular program and does not necessarily endorse each of the definitions in the report. The document focuses on the need for definitions, the ways in which organizations provide services, the nature of the recipients of such services, the purpose of the services offered, and the costs and revenues incurred in rendering services. Hopefully, wider distribution and discussion of this report will lead to improved communication and continued development of a more defined set of definitions. (Author/PC)

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CG 009 573

DEFINITION OF TERMS IN MENTAL HEALTH, ALCOHOL ABUSE, DRUG ABUSE, AND MENTAL RETARDATION

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METHODOLOGY REPORTS

Prepared by
Definitions and Classifications Committee
Southern Regional Conference on Mental Health Statistics
Southern Regional Educational Board

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Foreword

This report was prepared by the Southern Regional Education Board (SREB) and the Southern Regional Conference on Mental Health Statistics under contract from the National Institute of Mental Health (Contract No. HSM 42-72-131), and a limited number of copies were printed by the SREB in June 1973. In order to provide for distribution to a wide audience, the report is being reprinted in the NIMH Biometry Branch methodology publications series. Through this effort to define basic terms for use in mental health, alcoholism, drug abuse and mental retardation program we hope to achieve some progress toward a long-range goal of improved communication and exchange of information among concerned disciplines in these fields. While the report does represent the most complete and developed work in this area to date, the NIMH does not require the use of these definitions in any particular program and does not necessarily endorse each of the definitions included in the report. Hopefully, wider distribution and discussion of these definitions will lead to improved communication and to continued development of a more refined set of definitions.

PREFACE

The Definitions Committee wishes to acknowledge the contributions and influence on its report of the Committee on Definitions of the Model Reporting Area for Mental Hospital Statistics; the Advisory Committee of the Outpatient Studies Section, Biometry Branch, NIMH; the Western Conference on the Uses of Mental Health Data and its "Accounting Guidelines for Mental Health Centers," and other publications and groups that have been informally consulted and whose prior work has influenced this edition.

The Committee also wishes to express its appreciation to Mrs. Therese Ramsey for her research of the literature in preparation for the Committee's work, and to Mrs. Daisy Hendon of SREB for her excellent staff assistance.

The Committee is particularly thankful for the strong moral support of Mr. Carl Taube, Chief, Survey and Reports Section, Biometry Branch, OPPE, NIMH and for his continued interest and encouragement.

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Finally, the Committee acknowledges and expresses its appreciation to Mrs. Freida Wyatt for her excellent work in typing the final copy of the manuscript.

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June 27, 1973

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PART 1

BACKGROUND AND NEED

1-A. Background

From the earliest days of public supported mental health programs, there has been a need for definitions of the various terms used by clinicians, administrators, statisticians, budget officials and the public at large.

At first, these terms were largely related to the hospitalization of the mentally ill or retarded and included now outmoded terms such as "insane," "idiot," "imbecile" and "asylum." Those terms have gradually been dropped from use and have been replaced by newer, less pejorative terms such as "mentally ill patient," "mentally retarded resident," "state mental hospital," "admission," "release" and others.

However, even these later terms often have lacked precision of definition or have come to have different meanings in different places. This has made it difficult to compare programs to one another or to be precise about the total scope of mental health program operations, whether it was in terms of work done, persons served, staff, costs or facilities.

Some years ago the National Institute of Mental Health supported a program called the Model Reporting Area which attempted to report much of the mental hospital data for participating states following certain standard definitions and procedures.

Later a comparable set of definitions and standards was developed for outpatient psychiatric clinics. Presently most local, state and national agencies describe inpatient and outpatient programs and report their data according to those common definitions.

The past decade has seen the development of many new alcoholism, drug abuse, mental retardation and other community mental health programs and services. These programs have encompassed far more than the traditional inpatient and outpatient services. Their development has accentuated the continuing need for a set of common definitions to describe new concepts in services and programs such as "day hospitals," "rehabilitation programs," "consultation and education." Many of these new concepts have been used and defined in several different ways.

In 1968 the Southern Regional Conference on Mental Health Statistics (SRCMHS) recognized the need for a common set of definitions that could be used for these new concepts and services, and it established a Definitions and Classifications Committee to begin work on this task. Over a period of two years, the Committee produced two earlier editions of this manual; the latest (second edition) was published March 27, 1970.

Part 1 - Background and Need

Since 1970 there has been a continued expansion of community mental health services to the nation, and several organizations have adopted most or all of the definitions found in the second edition. From their experiences, the need for specific modifications and additions became apparent: 1) insufficient attention has been paid to alcohol abuse, drug abuse and mental retardation services; 2) almost no attention has been given to cost analysis terms; 3) there was an unmet need for clarification of terms related to staff, purpose and outcome.

1-B. Target Audiences

This set of definitions is intended for an audience which includes at least the following groups of persons in the areas of alcoholism, drug abuse, mental retardation and mental health at local, regional, state and national levels:

1. Program planners and developers
2. Program administrators
3. Statisticians and evaluators
4. Budget officials, business officers, accountants and other persons involved in funding and in cost-accounting, including third party payers for services
5. Clinicians, especially those who are concerned with the total program impact of their work rather than with just the individual cases and the services each provides
6. Educators, especially those teaching community mental health and mental health administration

1-C. Needs

The needs of the various target audiences differ. For each group there is a need for common definitions for some of the most frequently occurring terms used in referring to services, organizations, staff, clients, and to outcomes of alcoholism, drug abuse, mental retardation and mental health programs.

For some user groups such as statisticians there is need for definitions and classifications for a greater number of terms than for other groups such as educators. Fiscal officers need definitions that can relate funding and cost-accounting. Some other user groups need more classifications within given categories than others. Some groups need uniform standards and procedures for reporting of data items within certain categories, while for other users specific standards and procedures are of relatively little concern.

Part 1 - Background and Need

1-D. Problems

In the first blush of the community mental health movement a few years ago, primary concern was on rapid program growth and development with considerable experimentation and innovation. Now that extensive development of programs has taken place (and furthermore, that expansion of funds may be limited), there is a much greater concern for more deliberate and careful program development, modification and evaluation. However, there is only a limited language that is sufficiently well defined to allow for widespread sharing of evaluation and planning information. Each user group has tended to develop its own language and perspectives. Each specific program can (and often does) make its own set of definitions for its own operation, and these are not likely to be the same as the definitions used in an adjacent program. Moreover, no single agency or user group has felt responsible to undertake a comprehensive set of definitions that might be applicable to other programs or groups.

Certain tensions have developed between various user groups. For example, clinicians do not always have the need for the same informational administrators. Also, those who provide services and those who pay for services are likely to develop different definitions and perspectives for the same services. Thus, even if any single user group were to develop a set of definitions and classifications, it is unlikely that these definitions would be acceptable and useful to all or most of the other user groups, while still allowing for sufficient flexibility within that starting framework.

The third edition is a compromise between the widely varying needs of the different target audience groups. This edition attempts to satisfy the needs by defining basic terms in seven major categories. Within selected categories, the needs are further addressed in varying degrees of detail by defining related terms or categories. In still other instances detailed classes, without definition, are proposed.

By building on the basic framework of terms, adding detail where it considered itself capable of doing so, and by suggesting subclasses where practical, the committee sought to meet the more urgent need for basic terms while encouraging user experimentations and ingenuity in applying and combining the concepts.

1-E. Goals

One goal of this third edition is to develop a set of definitions and classifications of terms used in alcoholism,drug abuse, mental retardation and mental health programs that will be adopted by 100 users from among the six groups by January 1, 1975. Another goal is that this set of definitions will facilitate their work by providing them with a basic set of terms which will, hopefully, build toward a common language for their communication.

Part 1 - Background and Need

1-F. The Third Edition

The third edition is expanded and refined. It includes terms related to staff, alcoholism abuse, drug abuse and mental retardation, as well as to mental illness and emotional disability. It includes terms related to program outputs (what the staff does) and program outcomes (the results for clients). All of these are in addition to the basic categories of terms included in the second edition--programs, organizations, services and recipients.

The third edition does not attempt to define specific mental disorders, since these disorders have been more thoroughly defined in the diagnostic manuals of the American Psychiatric Association and of the American Association on Mental Deficiency.

Neither does the third edition attempt to set standards or procedures for data reporting or data use related to these programs. The committee expects that each user will decide which terms to use and how to use them in their management information systems. The goal of the committee has been to promote flexible use within a homogenous framework.

The terms and classes of terms are not meant to be exhaustive. For the most part, this edition defines the major or basic terms, but makes no pretense of defining all of the terms and classes that might be required in administering a specific program. Further, while certain classifications may be recommended, users may want to use a wider or narrower classification within their own programs, and they are encouraged to do so.

Finally, the third edition often uses only the phrase "mental health" instead of repeating the longer phrase of "alcoholism, drug abuse, mental retardation and mental health." This has been done in the interest of brevity, but it is our judgement that the terms are often equally applicable to all four programs.

PART 2

A FRAMEWORK FOR DEFINITIONS

2-A. Goal

The goal of this edition has been stated to be the development of a set of definitions and classifications of terms adopted by 100 users from among all six user groups, by January 1, 1975--administrators, clinicians, planners, statisticians, evaluators, fiscal officers and educators.

2-B. Framework

Given that goal, given that target audience, and given the wide-ranging needs of these groups, we propose the following framework which provides the basic skeletal structure of ideas that has determined the shape of the third edition. This framework has grown out of the past workshops and meetings of the SRCMHS. In its short form, it contains a series of related questions and reads:

> "Who, does what, how, for whom, why, with what results, and at what costs?"

In its longer version, the one used in the third edition, it reads:

> "3. Who...the provider (Part 3)...
>
> 4. Who...the staff (Part 4)...
>
> 5. Does what...services (Part 5)...
>
> 6. How...transactions and intensity (Part 6)...
>
> 7. For whom...the recipients (Part 7)...
>
> 8. Why (Part 8)...
>
> 9. With what resources, costs, revenues (Part 9)"

Table 1 on page 7 organizes the basic terms which have been defined in this third edition into that framework, elaborating them with varying degrees of detail.

Who? Both the organization and the staff of the organization receive attention among terms related to "who" does it. The various suborganizational systems, as well as the various substaff groupings, are defined.

Does what? The concepts of programs, services and categories of services are defined in answer to this question.

Part 2 - Framework for Definitions

How? The transaction modes and intensity are defined in response.

For whom? The various recipients are defined either by geographic boundaries or by program target boundaries. Additional terms related to recipient statuses, status changes and characteristics are also defined.

Why? A first attempt is made at defining several of the basic terms useful in measuring outcome. While much debate about the choice of basic terms may continue, we are convinced that a starting point (or restarting point) is desperately needed.

With what resources? An attempt is made to bridge the gap between services and costs by defining terms related to the resources used to perform the services.

At what costs? The increasing attention to costs, as well as current work by others on accounting and cost-accounting, motivated definitions of "cost" terms. The terms are heavily influenced by the more traditional "line-item" budgeting and accounting, but hopefully they are flexible enough to be useful in more sophisticated accounting practices.

Producing what revenues? Of almost equal interest with costs is the topic of revenues, and this section defines basic terms.

Because of their relevance, a number of appendices have also been incorporated into the third edition, including a glossary of terms, an index and other reference materials, some of which have been previously published. This has been done so that the most recent and related materials can be brought under the one cover of the third edition.

TABLE 1. A FRAMEWORK FOR DEFINITIONS

Part 3	Part 4	Part 5	Part 6	Part 7	Part 8	Part 9
Who?		Does What?	How?	For Whom?	Why?	With What?
The Provider Organization...	The Staff...	Deliver These Services...	Through These Actions...	For These Recipients...	With This Purpose/ Results...	Resources Costs Revenues...
3-A Program	4-A Staff	5-A Service Mission	6-A Transaction Mode	7-A Geographic Area Residents	8-A Program Purpose	9-A Resources
3-B Authority	4-B Clinical Staff	5-B Individual	6-B Intensity of Interaction	7-B Target Population	8-B Program Evaluation	9-B Expenses
3-C Administering Agency	4-C Clinical Team	5-C Community		7-C Recipient	8-C Evaluation Research	9-C Cost Finding
3-D Organization	4-D Administering Staff	5-D Manpower Training		7-D Characteris-tics	8-D Program Outcome	9-D Revenues
3-E Organizational Unit		5-E Generalizable Research		7-E Movement Changes	8-E Output Units	9-E Full Rate
3-F Department	3-I Facility	5-F Intraorganiza-tion Support				9-F Fee
3-G Division	3-J Site					
3-H Team	3-K Affiliation					
Part 3	Part 3	Part 5	Part 6	Part 7	Part 8	Part 9

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Part 3

WHO...THE PROVIDER ORGANIZATION

Clear identification of the provider organization, unit, department or division seems such an obvious prerequisite for administrative or clinical management that it is easily overlooked.

In Part 3, these terms are defined and classifications suggested:

- 3-A. Program
- 3-B. Authority
- 3-C. Administering agency
- 3-D. Organization
- 3-E. Organizational unit
- 3-F. Department
- 3-G. Division
- 3-H. Team
- 3-I. Facility
- 3-J. Site
- 3-K. Affiliation

Part 3 - Who...The Provider Organization

3-A. Program

1. **Definition:** A set of related organizations, resources, and/or program transactions directed to the accomplishment of a defined set of objectives for a specified target population or a specified geographic area.

2. **Rationale:** It is intended that the word "program" be used in its broadest sense to represent a set of related organizations with their appropriate resources, facilities and activities, directed to a defined purpose, with a defined set of objectives, goals and subgoals. Thus, we may speak of an alcoholism program, a mental retardation program or a mental health program, based on the broad classification of problems and their implicit or explicit purposes and objectives.

   In some instances, it is possible that the word "program" may be synonymous with "organization" (when only one organization exists), or with "service" (when only one such service is offered). Despite these exceptions, it is recommended that the word "program" be used to reflect one or more organizations working in concert to reach a defined set of objectives.

3. **Synonym:** System

4. **Examples:** Public alcoholism treatment program, mental retardation program, education services program, children's program.

5. **Classes:** Programs may be classified in a variety of ways based on the administering agency, staff services, recipients or purpose.

   5-1. Administering Agency (See Part 3.)

   5-2. Staff (See Part 4.)

   5-3. Services (See Part 5.)

   5-4. Recipients (See Part 7.)

3-B. Authority

1. **Definition:** The explicit official or legal power or sanction which furnishes the grounds or justifies the provider organization's program.

2. **Rationale:** Increasingly broad public policy, expressed in terms of legislation, regulations, policies, standards and procedures, is being challenged. The challenges take the form of concern for basic human rights, civil rights, jurisdictional boundaries and other concerns.

Part 3 - Who...The Provider Organization

The laws, regulations, policies, standards and procedures represent the explicit official or legal authority and justify the organization's programs. As such, they provide the basic framework within which an organization functions and set the boundaries for the intended effects, benefits and outcomes of its programs.

3. Synonyms: Authorization, statutory authority, legal authority, approval, accreditation.

4. Examples: Public Law 95-165, Alabama Federal District Court ruling, admission policies, Joint Commission on Accreditation of Hospital Standards.

5. Classes: We propose five broad classes of authority:

   5-1. Law: A statute enacted by a legislative branch, including the body of common law developed from judicial branch decisions, which expresses the binding custom, practice, conduct or action of an authority.

   5-2. Regulation: A rule or order having the force of law issued by an executive branch of government to control custom, practice, or conduct.

   5-3. Policy: A statement of philosophy and direction which guides the conduct of the organization.

   5-4. Procedure: A particular series of operational steps to be followed in order to implement a policy.

   5-5. Standard: A state or condition accepted as a minimal or exemplary condition, appearing in law, regulation or policy.

3-C. Administering Agency

1. Definition: The individual, group or corporation appointed, elected or otherwise designated in which ultimate responsibility and authority are vested for the conduct of the program, organization or organizational unit.

2. Rationale: The rapid expansion of alcoholism, drug abuse, mental retardation, and mental health programs, organizations and organizational units has affected both public and private resources from community to federal levels.

   There is no simple way to classify the tremendously complex and varied administrative structure within which program, organizations or organizational units are conducted. For example, in a complex organization

several organizational units may come under different administering agencies and be affiliated only through contracts.

In spite of the difficulty of the task, it is imperative to develop typologies of administering agency to differentiate among many and divergent programs, organizations and organizational units in terms of eligibility requirements, authority, responsibility, costs and other factors which are useful in planning, funding and administering programs from the local to the federal level.

3. Synonyms: Administering authority, convening body, instrumentality.

4. Examples: Special action office on drug abuse prevention, state mental health authority, regional health council, county health authority.

5. Classes: Below are given some important dimensions along which administrative authority in private and public programs, organizations and organizational units can be classified. The dimensions, as well as the categories within each, are by no means inclusive and are only suggestive of the various dimensions that can be used.

5-1. Type of ownership or control

a. Public
   1. City
   2. County
   3. Regional (e.g., multi-county)
   4. State
   5. Federal
   6. Multi-governmental (e.g., city-county)
   7. Hospital district

b. Nonpublic
   1. Voluntary (not for profit)
   2. Proprietary (for profit)
      a. Sole proprietorship
      b. Partnership
      c. Corporation
   3. Cooperative/Mutual (e.g., Alcoholics Anonymous)

c. Joint Public and Non-public

5-2. Source of administrative authority

a. Election
b. Political appointment
c. Civil Service
d. Stockholders (corporation)
e. Partnership
f. Governing Board (e.g., Board of Trustees, Board of Directors, Board of Governors)

Part 3 - Who...The Provider Organization

5-3. Source of legal authority (See Page 11.)

a. Legislation
b. Constitution
c. License
d. Administrative order
e. Rules and regulations
f. Contract
g. Agreement
   1. Written
   2. Oral
h. Charter
i. Accreditation
j. Consortium

5-4. Source of fiscal support (revenue) (See Part 9.)

a. Fees for service
b. Federal fund revenue
c. State fund revenue
d. County-city-local fund revenue
e. Other fund revenue
f. Donations

5-5. Business of parent organization

a. Industrial or commercial (e.g., General Motors Corp., Blue Cross Association, private mental hospital)
b. University or college
c. Government other than university or college (federal, state and local) (e.g., Department of H.E.W., National Institute of Mental Health, local health department)
d. Philanthropic foundations (e.g., The Joseph P. Kennedy Foundation, The Russell Sage Foundation, Milbank Memorial Fund)
e. Professional organizations (e.g., American Psychiatric Association, American Psychological Association, Child Study Association of America)
f. Private or voluntary health agencies (e.g., National Association for Mental Health, National Association for Retarded Children, National Council on Alcoholism)
g. Cooperative/mutual organizations (e.g., Alcoholics Anonymous, Recovery, Inc.)

5-6. Chief executive officer

a. Administrator
b. Medical director
c. Superintendent
d. Director

Part 3 - Who...The Provider Organization

3-D. Organization

1. **Definition:** An administrative and functional structure and a grouping of persons within that structural entity defined by law, charter, license, contract and agreement to carry out enunciated purposes or missions.

2. **Rationale:** There is a myriad of terms used to entitle organizations concerned with the prevention and remediation of mental illness, retardation and abuse of chemicals. Used as modifiers for organizations are terms related to facilities, recipients, purposes, staff target populations, presenting problems, administering agency and interaction intensity. Identifying organizations by type of facility is a traditional practice but poorly suited to dispersed mental health programs (See Facilities, Part 3-I.) which often operate at multiple sites, have several objectives and address a variety of recipients. Larger organizations are often defined by their administrative agency; smaller ones are often described by their target population or service mode. A combination of two or more terms is commonly used.

3. **Synonyms:** Agency, center, association, corporation.

4. **Examples:** Psychiatric hospital, freestanding outpatient psychiatric clinic, social service agency, hotline, Alcoholics Anonymous, state health department, philanthropic foundations.

5. **Classes:** If the terms below are used in combinations of two or more it is possible to arrive at a classification. The number of combinations of terms is too numerous and mixed to permit an enumeration or listing of all possible classes.

   Some unidimensional modifiers that can be used are as follows:

   5-1. Administering agency (See Part 3-C.)

   5-2. Facility (See Part 3-I.)

   5-3. Presenting problems (See Part 7-D.)

   5-4. Recipient (See Part 7-C.)

   5-5. Program purpose (See Part 8-A.)

   5-6. Services (See Part 5.)

   5-7. Target population (See Part 7-B.)

   5-8. Staff (See Part 4.)

Part 3 - Who...The Provider Organization

3-E. Organizational Unit

1. **Definition:** A component of the organization established for the delivery of services to which specific resources are assigned.

2. **Rationale:** The advent of the team approach and of multi-service organizations such as comprehensive community mental health centers, with their free flow of patients and staff between units, has led in some cases to the complete abolition of designated organizational units within an organization. In spite of this, the existence of established organizational units in mental health, mental retardation and alcoholism organizations is still the rule.

   The establishment of such units may be based on their relative usefulness in the delivery of services, or possibly related to increased efficiency of administration, span of control, special patient needs, requirement of special staff skills or need for physical facilities. It has continued to be important that data relating to units be available for use in cost accounting, program planning and evaluation.

   Care should be taken to distinguish services from organizational units. It should be noted that a service, which may carry the same label as an organizational unit, may be provided without a distinct unit being organized for its delivery. (Example: consultation unit vs. consultation services; emergency walk-in unit vs. emergency services)

3. **Synonyms:** Section, branch, unit, program unit, component.

4. **Examples:** Drug abuse division, children's division, division for developmentally disabled, general administrative department.

5. **Classes:** Many organizational units may have more than one mission and more than one type of beneficiary, while others may have distinct, unitary missions and/or beneficiaries. Many organizational units with multiple missions may have some missions or some beneficiaries which predominate over all others. Thus, it may be useful when possible to classify organizational units by predominant type of mission and predominant beneficiary. These correspond to the classification of certain terms used to define services in other sections of this report and are according to these variables as follows:

   5-1. Primary group served (See Part 5.)

   a. Individual-oriented units)
   b. Community-oriented units) divisions
   c. Administrative or support service units (e.g., administration, management, planning, research) - departments

   5-2. Interaction intensity between provider and recipient (See Part 6.)

   5-3. Facility type or site (See below, Part 3.)

Part 3 - Who...The Provider Organization

3-F. Department

1. Definition: Organizational unit whose purpose is to provide administrative and supportive services to the organization itself.

2. Rationale: For purposes of cost-accounting, program planning and evaluation it is useful to distinguish between units that provide services to the organization itself (department) as compared with units that provide services primarily to groups or to individuals outside the organization (division).

   As a rule, a given department is organized to provide services to all divisions. For example, laundry services in the general service department would be available to each division in a hypothetical organization (e.g., children's unit, alcoholism unit, drug unit). Laundry costs would then be allocated to each division proportionate to the use of laundry services by the particular division. Most often, services provided by departments do not generate revenues directly.

3. Synonyms: Intramural unit, administrative or supportive service unit.

4. Examples: Administrative department, dietary service department, medical records department.

5. Classes: Some examples of departments and their functions are as follows:

   5-1. General administration

   a. Personnel
   b. Clinical program management
   c. Medical records
   d. Program evaluation for divisions
   e. Research to divisions
   f. Pharmacy
   g. Laboratory services
   h. Training (own staff)

   5-2. General services

   a. Building and maintenance
   b. Laundry
   c. Housekeeping
   d. Supply
   e. Dietary

Part 3 - Who...The Provider Organization

3-G. Division

1. **Definition:** Organizational unit whose primary purpose is to provide mental health services to recipients other than the organization itself.

2. **Rationale:** A classification according to division is useful for clinical and cost-accounting purposes. Divisions may either be established voluntarily at the convenience of the organization or in response to demands of the administering authority that operates and/or funds the unit. Divisions generally provide services that generate revenues.

3. **Synonyms:** Extramural unit, clinical service unit.

4. **Examples:** Children's division, alcoholism unit, geographic unit, also see below--Classes.

5. **Classes:** Divisions may be established along many lines. Some examples of types of divisions which are found in mental health organizations are according to specific variables as follows:

   5-1. Age (e.g., a children's division, an adolescent division, an adult division, a geriatric division)

   5-2. Sex (e.g., division for males, division for females)

   5-3. Geographic basis (e.g., different divisions may serve persons residing in different parts of a city or state)

   5-4. Problem (e.g., division of drug abuse, alcoholism division, division for the mentally retarded, etc.)

   5-5. Professional-specialty (e.g., psychiatric, psychological, social work, nursing, etc.)

   5-6. Modality of service (e.g., inpatient, outpatient, partial hospitalization, community services training consultation)

   5-7. Facility (site) (e.g., halfway house, general hospital psychiatric unit)

   5-8. Function (e.g., treatment, care, research, rehabilitation, advocacy)

Part 3 - Who...The Provider Organization

3-H. Team

1. **Definition:** Organizational units which consist of officially designated multi-disciplinary staff groups who coordinate and supplement their skills to provide services to recipients other than the organization itself, or the organization itself.

2. **Rationale:** In general, "team" originally referred to the coordination of the skills of several different clinical workers on behalf of a client. In recent years, however, administrative, research and training teams have also evolved.

   An organizational team may operate with any clinical (e.g., diagnosis, treatment, rehabilitation), administrative, research or training missions. However, the organizational team, unlike other teams, may also function as an organizational subunit, which is formally established and has a definitive purpose.

   In organizations comprised of clinical teams, a particular team, rather than a particular division or physical structure, is the administrative unit through which the recipient is admitted, provided services and discharged. If a team is organized to serve persons residing in geographic subareas of a state, county or city, then "team" is a useful way of classifying recipients simultaneously by both the organizational unit (team) and by the residence of the patient. (See Part 4-C.)

3. **Synonyms:** Organization unit staff, committee, task force, ad hoc unit, organizational subunit.

4. **Examples:** CMHC continuity of care team, geographic unit team, community outreach team, training team, research team.

5. **Classes:** While the use of the team is often thought of in the delivery of individual-oriented services, it is not uncommon to find the team organizational unit in other areas. We propose these dimensions of classification.

   5-1. Administrative vs. clinical vs. training vs. research

   5-2. Centralized administration vs. decentralized administration

   5-3. Permanent vs. temporary

   5-4. Clinical services

Part 3 - Who...The Provider Organization

3-I. Facility

1. **Definition:** The plant, including buildings, grounds, supplies and equipment which are used or occupied by the organization or one of its units.

2. **Rationale:** It is important to distinguish between the building and the organization utilizing it in whole or in part. Traditionally there was identity between the two with a given facility housing a single organization and giving it its name, i.e., general hospital, state institution for _____, _____ clinic, _____ center. (Modifiers appear in blank spaces.) These often reflected the type or intensity of care or the auspices. In programs devoted to the mentally ill or retarded and those dependent on drugs, the organization often extends beyond a particular facility. Also, separate organizations may occupy one site as their base of operations. Thus, it is the organization and not the facility which must be defined as the administrative entity. The terms utilized as modifiers are varied and mixed. (See Part 3-D, Organization.)

   In spite of the difficulty in developing uniform definitions of facility types, the Joint Commission on the Accreditation of Hospitals, the National Institute of Mental Health through its national reporting system, and other accrediting bodies, administrative agencies and funding sources have in the past developed definitions of facility types suited to their own needs. Some of the historical definitions of facility types are given in the Appendix. It should be added that the definitions committee does <u>not</u> advocate these definitions, but believes they are useful as examples of definitions that have been used by others.

3. **Synonyms:** Institution, place, establishment, center.

4. **Examples:** Rap house, mental health center, general hospital, alcoholism detoxification building.

5. **Classes:**

   5-1. Interaction intensity (See Part 6-B.)

   5-2. Administering agency (See Part 3-C.)

   5-3. Recipient (See Part 7-B.)

   5-4. Long and short-term. The American Hospital Association defines a short-term hospital as one in which over 50 per cent of all patients admitted stay less than 30 days; a long-term hospital is defined as one in which over 50 per cent of all patients admitted stay more than 30 days. However, in other facilities such as residential drug units, different time durations may constitute long- and short-term.

Part 3 - Who...The Provider Organization

5-5. General and special "General" refers to facilities that provide treatment and care to persons who have a variety of medical conditions (e.g., a general hospital); "special" refers to facilities that provide treatment and care to persons who have specified medical conditions (e.g., a psychiatric hospital).

Part 3 - Who...The Provider Organization

3-J. *Site*

1. Definition: The local place or scene at which the provider staff are present at the time services are delivered.

2. Rationale: In the past it was typical for recipients to come to the organization or its facility to receive services; at present more and more of the alcoholism, drug abuse, mental retardation and mental health services are being carried to sites, locations and places other than the organization's own buildings and offices.

   Homes, other organization's offices, and various private and public sites are becoming increasingly used as places at which services are given.

3. Synonyms: Place, premises, location.

4. Examples: Own office, recipient's home, Ward 6, street-corner, nursing home.

5. Classes: While the potential number of sites, outside the organization's own facilities, may be staggering, we suggest a simple classification based on the ownership and control of the site.

   5-1. Own facility vs. other's facility vs. recipient's premises (e.g., home, office), vs. community

   5-2. Recipient categories for community-oriented services (See Part 7.)

Part 3 - Who...The Provider Organization

3-K. Affiliation

1. **Definition:** Working relationships between organizations which are developed through contracts or agreements (usually written) for exchange or provision of services, training of staff, scientific advancement, professional counsel or administrative support.

2. **Rationale:** Because of the increasingly high costs of establishing and operating autonomous mental health services in a community and to avoid duplication of services, organizations and organizational units under different administering agencies frequently enter into written agreements or contracts to provide comprehensive services to one another. Thus, instead of duplicating a certain service, an organization may seek to utilize a service already existing in the community. For example, a community mental health center may enter into a written agreement with a general hospital for the latter to provide inpatient psychiatric services.

   It should be noted that in federally-funded projects such as comprehensive community mental health centers, constraints in addition to those set forth in the contract are binding on the parties. For example, a CMHC affiliate must agree to meet other requirements such as reporting, appropriate communication of clinical information for continuity of care and other requirements.

   In cost accounting and in program planning and evaluation, it is useful to distinguish between services provided directly by an organization and those provided through affiliation with other organizations. In this way, an organization can decide whether it is more advantageous to continue the current affiliation, provide its own service, or establish another affiliation.

3. **Synonym:** Interorganizational agreements.

4. **Examples:** Mental health center which utilizes general hospitals for inpatient psychiatric services, a multi-center consortium for computerized data processing.

5. **Classes:** Distinctions are difficult to make among the many combinations of contracts and agreements between contractee organizations and their affiliates. We propose four gross classes:

   5-1. Fee-for-service affiliations:

   a. Affiliate directly bills the recipient or third party payer but receives no payments from the contractee.
   b. Affiliate bills contractee, who in turn may or may not bill the recipient or third party payer.

Part 3 - Who...The Provider Organization

5-2. Fixed fee affiliations:

a. Affiliate bills contractee at a fixed fee per calendar period regardless of services provided to recipient.
b. Affiliate bills contractee at a fixed rate or per cent per calendar period, based on a variable such as staff hours expended, per cent bed occupancy, or other indirect indicator.
c. Contractee pays affiliate a lump-sum one-time payment for the performance of services.

5-3. Dual resource affiliations:

a. Contractee pays salaries or operating expenses of affiliate's organization for work or use at the affiliate's site.
b. Contractee's own staff, equipment, or materials are authorized for work or use at the affiliate's site.

5-4. Mutual interest affiliations:

a. Contractee and affiliate, in consortium, receive operating or capital construction monies from a common funding agency based on agreement to cooperate in their mutual use.
b. Contractee and affiliate share salaries and other operating or capital expenses to perform work of benefit to each or to mutual recipients.
c. Each--the contractee and affiliate--bears own expenses with no exchange of monies, but agree to the free flow of recipients between them, the sharing of records and information, and the continuance of staff responsibility for recipients regardless of location.

Part 4

WHO...THE STAFF

The definition of staff seems to be an important requirement for directing, controlling, budgeting and costing the services and functions within the provider organization, unit, department or division.

In Part 4, these terms are defined and classifications suggested:

4-A. Staff

4-B. Program clinical staff and technologists

4-C. Clinical team

4-D. Administrative staff

In addition, within each of the sections (4-A, B, C and D) other definitions are given for subclasses and specialties appropriate to that section.

Part 4 - Who...The Staff

4-A. Staff

1. **Definition:** The personnel or combination of personnel who perform the activities and functions that comprise the services of a program.

2. **Rationale:** The original concept of staff of alcoholism, drug abuse, mental retardation, and mental health programs considered only the individual professional who each had his set of skills and techniques with which he performed certain services for clients. In most settings the concept of the individual professional who performs a specific service is still the basis of payment of the fee for service.

   At the present time we are seeing the development of a range of middle level mental health workers whose training and responsibilities lie between that of the professional and the traditional psychiatric aide.

   More recently there has also been the development of various forms of teams in which several workers from various disciplines or professions conjointly provide a range of services for clients.

   In addition, in both alcohol abuse and drug abuse programs, persons who have recovered from an episode of disability--and whose experience has a particular value--have joined the ranks of personnel providing services. Too, the small but growing cadre of volunteers, former patients and others, are in many ways--though unpaid--a significant component element of the staff.

3. **Synonyms:** Personnel, workers, force, employees.

4. **Examples:** All paid and unpaid, part-time and full-time employees--personnel of a drug abuse organization.

5. **Classes:**

   5-1. Clinical vs. administrative

   5-2. Full-time vs. part-time

   5-3. Paid vs. volunteer

   5-4. Trained vs. untrained vs. degree of training

   5-5. Employees vs. contracted consultants

Part 4 - Who...The Staff

4-B. Program Clinical Staff and Technologists

1. **Definition:** Staff members who are licensed or otherwise qualified to provide individual-oriented, community-oriented, manpower development or research services of the program.

2. **Rationale:** The program-clinical staff are the persons who provide the programmatic services as contrasted with the supportive or administrative services. Some of these workers are professional level persons while others are technicians. In many cases subdivisions are made according to academic degrees held by individual workers although the actual work performed may be much the same. We have not made this kind of distinction by academic degree in any of the classes. We have also excluded most "aide" categories.

3. **Synonyms:** Clinicians, program staff.

4. **Examples:** None

5. **Classes:** Professions and technologies

   5-1. Physician: An individual who is licensed to practice medicine.

      a. Neurologist: A physician who is specially trained in the diagnosis and treatment of diseases of the nervous system.
      b. General physician: A physician who is licensed to practice general medicine.
      c. Other medical specialist: A physician who is specially trained or certified in one of the various specialties--radiologist, internist, pathologist, etc. (These are usually used for consultation or part-time work.)

   5-2. Psychiatrist: A physician who is trained in the diagnosis and treatment of mental disorders.

      a. Board eligible psychiatrist: A psychiatrist who is fully trained and experienced, but has not yet been certified by the American Board of Psychiatry and Neurology, Inc.
      b. Board certified psychiatrist: A fully trained psychiatrist who is certified by the American Board of Psychiatry and Neurology, Inc.
      c. Psychoanalyst: A psychiatrist who has special training in and uses the technique of psychoanalysis with his clients.
      d. Psychiatric resident: A physician still in specialty training to become a psychiatrist.

   5-3. Clinical or counseling psychologist: A practitioner trained in psychological techniques including personality, aptitude, intelligence or memory testing, therapy, counseling, behavior modification and research.

a. Clinical psychologist: A psychologist who performs a full range of psychological services for clients.
b. Counseling psychologist: A psychologist whose special competence is in counseling clients, testing the interests of and giving professional guidance to individuals.
c. Psychometrist: A psychologist who specializes in tests of measurement such as intelligence tests.
d. Psychological technician: A person trained in psychology who performs limited psychological functions under rather close supervision.

5-4. Social worker: A practitioner specially trained in social and community techniques to help families and patients with their social problems and adjustment to the community.

a. Psychiatric social worker: A social worker who specializes in work with mental patients and their families.
b. Generic social worker: A practitioner with an MSW or Bachelor's degree in social work, but not specialized.
c. Social work case aide or technician: A practitioner who works under the supervision of a social worker to carry limited social work responsibilities.

5-5. Nurse: A practitioner of nursing who is registered or licensed in nursing by state law.

a. Psychiatric nurse: A registered nurse who specializes in working with psychiatric patients.
b. Mental health nurse: A registered nurse who specializes in working with communities about the public health aspects of persons with emotional problems or about the prevention of such problems.
c. Registered nurse: A nurse who is registered to practice nursing by a state board of nurse registration.
d. Licensed practical or licensed vocational nurse: A licensed nurse who has one year of practical nursing training.

5-6. Mental health worker: A paraprofessional worker with an associate degree or other training or experience in mental health who performs a variety of techniques on behalf of patients and their families either in institutions or in communities. These persons work in an organized system under the general supervision of other mental health professionals.

a. Psychiatric aide, psychiatric technician or attendant: A worker who provides ward level psychiatric care and treatment to mental patients often under supervision of a nurse after a period of inservice training.

b. Mental health aide or assistant: A New Careers level mental health worker with only in-service education or technical school education who works in a community mental health program under the supervision of professionals.
c. Mental health technician (mental health associate): A person with 1 or 2 years of formal training (perhaps an associate degree) who carries out a range of individual and community-oriented services in mental health programs.
d. Alcohol or drug addiction counselor: An individual often having had personal experiences in alcohol or drug addiction, who works in a variety of counseling capacities with alcohol or drug abuse programs.
e. Indigenous worker: A person whose primary qualification is his personal experience in the culture of the persons he serves, who works in a variety of counseling and behavior changing techniques in mental health programs or as an advocate for the clients of such programs.

5-7. Occupational therapist: A practitioner trained in occupational therapy who uses arts and crafts techniques in the treatment and rehabilitation of patients.

5-8. Recreation therapist: A practitioner who uses recreational skills and techniques in the treatment and rehabilitation of patients.

5-9. Chaplain or pastoral counselor: A clergyman with special training in counseling persons with emotional problems.

5-10. Vocational counselor: A practitioner trained in vocational testing and counseling who uses these techniques in the vocational and social rehabilitation of patients.

5-11. Other special therapists: Practitioners who use specific skills and techniques in the treatment and rehabilitation of patients. (They may be classified by the technique such as art, music, drama, etc.)

5-12. Special teacher: A certified teacher with special preparation for working with the mentally retarded, emotionally disturbed or children with special learning disabilities.

5-13. Volunteer: A person who offers his services in a program free of charge. Most often these are part-time workers.

a. Individual volunteer: A person who offers his services as an individual (i.e., an art instructor, a foster grandparent).

b. Group volunteer: A person who provides his services as a member of a group (i.e., women's club, a fraternity, a church group). These services are often of a social or recreational kind.

5-14. Director of volunteers: A person who recruits, orients, assigns and assures the appropriate use of a volunteer staff.

5-15. Clinical records officer: A person responsible for the organization and maintenance of clinical records of recipients. (Medical record administrator in a hospital unit)

In addition to the classes of clinical staff and technologists suggested above, there are many other professional and technical disciplines employed in alcohol, drug abuse, mental retardation and mental health programs. Many of them are similar or identical to those persons who work in general hospitals and general health programs. They perform the same kinds of functions in mental health settings as they do in general health programs. They include dentists, dieticians, x-ray technicians, laboratory technicians, medical record administrators, accredited record technicians, electroencephalograph technicians, anesthetists and others.

Part 4 - Who...The Staff

4-C. Clinical Team

1. Definition: A team of clinical staff and technologists officially designated who coordinate and supplement their skills to provide individual-oriented services to recipients other than the organization itself.

2. Rationale: Many mental health programs feature team approaches to therapy and rehabilitation to bring together the skills of several different workers on behalf of a recipient. There are several variant patterns of the team approach.

3. Synonyms: None

4. Examples: None

5. Classes:

   5-1. Evaluation team: A team in which each specialist provides his specialty services as he feels they are indicated; evaluation decisions are made at team conferences.

   5-2. Medical (psychiatric) or treatment team: A team of various professionals whose efforts are all directed by a physician or psychiatrist. This is the traditional treatment team.

   5-3. Co-equal team: A team of workers in which there is no "captain," but each member is equal in making decisions. Roles of various team members may vary from day to day.

   5-4. One-worker coordinated team: A team in which the recipient has a single person, often a mental health worker, as his major coordinator for the decisions and activities of the team.

   5-5. Rehabilitation team: A team of workers concerned primarily with the rehabilitation of the recipient and usually directed by a vocational counselor.

Part 4 - Who...The Staff

4-D. Administrative Staff

1. Definition: Staff members who provide the intraorganizational services (functions or support services) to the clinical staff and to the organization itself.

2. Rationale: Mental health programs have certain administrative personnel whose responsibilities are primarily to provide the support services to the clinical personnel and to the organization itself. While their services are essential and their salaries represent a share of the costs of the programs, there is seldom direct reimbursement for such services as there often is for clinical staff. Not all programs will have all classes of administrative staff.

3. Synonyms: None

4. Examples: None

5. Classes:

5-1. Chief administrative officer: A person appointed by the administering authority who has responsibility for directing a program and managing the resources for it. (Administrator, superintendent, director, executive director)

a. Administrative assistant: A person who assists an administrator or is assigned certain routine administrative tasks which assist the administrator.

5-2. Clinical program administrator: A person who has responsibility for directing a clinical program or unit. (Medical director, clinical director, unit director)

5-3. Business officer: A person who directs the supportive and fiscal services for a mental health program. This includes budget preparation and paying and accounting, purchasing, supply and inventory control, etc. It often also includes supervising food preparation, housekeeping and maintenance operations.

a. Accountant (fiscal officer): A person who works with or is in charge of accounting activities.
b. Purchasing agent: A person who purchases supplies and equipment.
c. Supply officer: A person who manages the inventories and stocks of supplies and equipment.

5-4. Personnel officer: A person who recruits staff, prepares payrolls, maintains personnel records, manages grievance procedures and performs related personnel functions.

Part 4 - Who...The Staff

5-5. Training officer: A person who organizes and directs training functions such as orientation programs, in-service training, affiliate programs for professional students, continuing education and organizational development programs for staff.

5-6. Public information officer: A person who prepares and disseminates information regarding the program for the public media, the general public and for special publics. He may also have public relations responsibilities for assuring an accurate image of the program.

5-7. Statistician: A person responsible for gathering, maintaining, analyzing, reporting and interpreting aggregate data about the recipients, staff and services of a program.

5-8. Research or program analyst: A person who plans, organizes, performs studies and prepares reports about the program's effectiveness and efficiency or does independent research studies.

5-9. Planning and evaluation officer: A person who estimates, projects and identifies trends and needs of the program and the community, initiates plans for program changes to meet these needs and evaluates the degree of success in meeting needs.

In addition to the classes suggested above, there are various other kinds of administrative workers such as secretaries, maintenance directors and workers, food service directors, laundry managers, farm managers and their staffs. Also, in some residential programs there are other staff persons such as beauticians and barbers who help residents with their personal grooming; librarians to maintain patient or staff libraries and others. Their functions are not specific to mental health programs.

Part 5

DOES WHAT...SERVICES

Within the provider organization, the staff performs or provides useful labor that is intended to lead to a beneficial result for the recipient.

Services are what you will see when you observe the staff at work. Outcomes are what you will see when you observe the recipient.

Services are what the "staff does." Services are the combinations of activities and transactions that the staff provides, performs and produces. Services are the products...the output of staff. The beneficial changes in the recipient are the outcomes.

In Part 5, definitions are given for the services which staff perform...the answer to the question "Does what..."

5-A. Service mission

5-B. Individual-oriented services

5-C. Community-oriented services

5-D. Manpower-training oriented services

5-E. Generalizable research

5-F. Intraorganization support functions

Part 5 - Does What...Services

5-A. Service Mission

1. Definition: One or more related activities or transactions between the recipient and provider, or on behalf of the recipient or a third party, which is intended to produce a defined outcome.

2. Rationale: Services are the means, the techniques, the therapies, the treatments and the other activities which contribute to the accomplishment of the purpose, objectives and goals.

3. Synonyms: Work product, intervention, action, treatment.

4. Examples: Referral service, speech evaluation service, vocation rehabilitation counseling, training and continuing education services, program consultation service, research service, budgeting/accounting service.

5. Classes: A five-fold classification of services is proposed in this edition.

   5-1. Individual-oriented services: Services provided directly to a specific client (individual, collateral, family group or therapy group) in relation to their own positive mental health or to their own alcohol abuse, drug abuse, mental retardation or mental disorder problem.

   5-2. Community-oriented services: Services provided to representatives of other organizations, individual practitioners or to the general public, related to alcohol abuse, drug abuse, mental retardation, mental health in general or to related aspects of their recipients/programs.

   5-3. Manpower training oriented services: A structured educational process of imparting job-related knowledge, skills and attitudes to individual practitioners and members of your own or of other organization (regular staff, volunteers, students or indigenous workers), to directly increase the recipient(s) knowledge, skills, attitudes or work effectiveness.

   5-4. Generalizable research: The study activities performed by staff of the organization for the production of scientific knowledge through testing of theories where it is the intent to follow scientific principles so that finding may be generalized beyond the immediate data or situation, or where the findings may be so general as to be only remotely germane to the immediate situation.

   5-5. Intraorganization support service functions: The activities or functions performed by or for the organization in which the direct recipient is the organization itself, and directed toward the support, maintenance and development of the organization itself.

Part 5 - Does What...Services

5-B. Individual-oriented Services

1. Definition: Services provided directly to a specific client (individual, collateral, family group or therapy group) in relation to their own positive mental health or to their own alcohol abuse, drug abuse, mental retardation or mental disorder problem.

2. Rationale: As a group, individual-oriented services are distinguished from other services by virtue of their emphasis on providing benefits to a specific recipient in relation to that person's own positive mental health or to one of the disabling problems or conditions. The recipients are characterized as not being the staff of the organization or staff of other organizations, but as being drawn from the target populations of citizens to which the program is addressed.

3. Synonym: Direct services

4. Examples: Screening, psychological evaluation, family counseling, vocational rehabilitation counseling, personal care services.

5. Classes: Five major classes of individual-oriented services are proposed:

   5-1. Information, screening, referrel

   5-2. Problem evaluation, examination, assessment

   5-3. Treatment, counseling services

   5-4. Rehabilitation, restoration, habilitation services

   5-5. Care services

Part 5 - Does What...Services

5-B.1. **Information, screening, referral:** Services related to the availability, linkage, recipient's eligibility or suitability for own or other's programs.

a. Information: Services which provide information about availability of services. Such services include crisis and information centers, 24 hour emergency (non face-to-face) services and similar activities.

b. Referral: Services which direct, guide, or link the recipient to other appropriate community resources.

c. Screening: Activities which determine the type and extent of the problem of the individual seeking help, conducted by persons competent to make such judgements.

d. Suitability determination: Services intended to provide information about the availability or eligibility of a person for another organization's services.

5-B.2. **Problem evaluation, examination, assessment:** Services related to identifying the detailed nature and extent of the recipient's condition and formulating a plan for services.

a. Psychiatric evaluation: The psychodiagnostic process, including a medical history and mental status, which notes the attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in a descriptive (but not an interpretative) fashion; impressions and recommendations.

b. Psychosocial evaluation: The determination and examination of the social situation of the individual related to family background, family interaction, living arrangements, psycho-/or socioeconomic problems, treatment evaluation and statement of future goals and plans.

c. Psychological evaluation and testing: The evaluation of cognitive processes and emotions and problems of adjustment in individuals or in groups, through interpretation of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics, including the interpretation of psychological tests of individuals.

d. Education and vocational evaluation: Evaluation to determine an individual's academic or vocational interests, aptitude, achievements.

e. Physical evaluation: A complete examination of the body noting observations and findings, supplemented by diagnosis, if indicated.

f. Neurological evaluation: A complete examination of the central, peripheral and sympathetic nervous system, noting observations and findings supplemented by diagnosis, if indicated.

g. Speech evaluation: An evaluation to determine the cause and extent of speech disorders and need for corrective work.

h. Hearing evaluation: An evaluation to determine the cause and extent of hearing disorders and need for corrective work.

i. Other problem evaluations: Many other problem evaluations not unique to mental health are also provided (e.g., laboratory, dental, electroencephalogram, etc.).

5-B.3. Treatment or counseling services: Services related to the reduction of disability or discomfort, amelioration of signs and symptoms and changes in specific physical, mental or social functioning.

a. Individual treatment or counseling: Treatment by individual interview. Includes supportive psychotherapy, relationship therapy, uncovering or insight psychoanalysis, counseling, play therapy, hypnotherapy (with or without the use of drugs) and casework treatment.

b. Behavior modification: The modification of individual behavior through systematic application of learning theory and principles. Includes application of operant conditioning techniques--the Skinner-Lindsley principles of systematically strengthening certain responses and weakening others--and of behavior shaping through differential reinforcement.

c. Collateral treatment or counseling: Treatment of the patient through interviews beyond the diagnostic level with collateral persons, such interviews centering around the patient's problems without the patient himself necessarily seen. Includes treatment of a child by working with the parents or the treatment of an oldster by working through family members.

d. Couple therapy: Treatment of intimate partners but excluding other significant family members, children or siblings. Includes married and "unmarried" couples.

e. Family treatment or counseling: Treatment applied to the family as a unit. (All or significant members of the family are considered as recipients. This excludes groups of families and/or groups of married couples.)

f. Group treatment or counseling: Treatment by the use of group dynamics or group interaction. Includes group psychotherapy, group psychoanalysis, group play therapy, psychodrama, groups of families and/or groups of married couples, but excludes family therapy and group orientation, group intake or group diagnostic procedures.

g. Therapeutic community: Treatment by the use of continuous controlled congregate community living and manipulation of the community dynamics of the members of that community.

h. Milieu therapy: Treatment by a structured total physical, psychological and social environment to meet the needs of the individual or group of recipients.

i. Chemotherapy: Treatment by the use of medications. Includes tranquilizers, antidepressants, anticonvulsants, sedatives, etc.

j. Detoxification: Treatment by use of medication, rest, fluids and nursing care to restore physiological function after it has been upset by toxic agents such as alcohol or barbiturates.

k. Somatic treatment: Treatment of mental disorder by the use of physical procedures other than chemotherapy or detoxification. Includes electroconvulsive therapy, insulin therapy, narcotherapy, hydrotherapy, etc.

l. Other medical-surgical service: Other medical, dental or surgical procedures directed to general physical health.

5-B.4. Rehabilitation, restoration, habilitation services: Services related to preparing or training a person to function within the limits of the original or residual disability by the acquisition, return or accommodation to the loss of skills, knowledge:

a. Vocational rehabilitation, counseling: Process to assist an individual in developing work skills, habits and attitudes and to assist him in job placement.

b. Social rehabilitation service: The process of helping an individual in his psychosocial adjustment by learning or relearning social skills. Includes occupational therapy, industrial therapy, recreational therapy, resocialization programs and music therapy.

c. Speech and hearing therapy: Corrective work for such disorders.

d. Special education and tutoring service: Training and teaching of the mentally retarded and emotionally disturbed to increase their social, academic and vocational skills.

Part 5 - Does What...Services

e. Personal adjustment training: Provision of training in self-help and motor skills, habit training, self-care training, toilet training, activities of daily living and social development preliminary to special education or other placement.

f. Adult activity service: A service designed to involve patients and participants in pursuing hobbies, playing games, serving, cooking, etc. The distinction between this and vocational rehabilitation is that none of the skills acquired would qualify the patient for paid employment.

g. Sheltered work: A service in which the handicapped may receive 1) work evaluation; 2) social and personal adjustment training; 3) vocational skill training; 4) extended employment either in transition to outside employment or as a terminal work adjustment (may be reported separately).

5-B.5. Care services: Services related to providing for generic human needs for shelter, food, income, transportation and supervision.

a. Domiciliary services: A supervised residential program to provide an individual with total living care.

b. Personal care: A service designed to assist a recipient perform the routine tasks of daily living such as bathing, hair care, mouth care, feeding, personal hygiene, toileting, shaving, dressing, grooming and escorting on foot.

c. Meal service: A service designed to provide the necessary food and nutritional requirements of the recipient in prepared meal.

d. Room and shelter: A service designed to provide the necessary sleeping and living space to the recipient.

e. Income maintenance: A service designed to provide the recipient with sufficient money or in-kind income to maintain a reasonable standard of living.

f. Transportation: A service designed to provide the recipient with the means to travel or to move about from place to place, by auto, bus or other conveyance.

g. Supervised observation: A service designed to provide the recipient with a protective, concerned observer, to gather information or to protect the recipient from harming himself, others or material goods.

Part 5 - Does What...Services

5-C. Community-oriented Services

1. **Definition:** Services provided to representatives of other organizations, individual practitioners or to the general public, related to alcohol abuse, drug abuse, mental retardation, mental health in general or to related aspects of their recipients or programs.

2. **Rationale:** As a group, community-oriented services are distinguished from other services by virtue of their emphasis on providing benefits to a general public, or to the staff of other organizations, about specific or general problems related to alcohol, drugs, mental retardation, or mental health, for such recipient agent's subsequent use with others or with clients of his own program.

3. **Synonym:** Indirect services

4. **Examples:** Public information, client-centered consultation, staff-centered consultation, community-centered planning.

5. **Classes:** In this third edition, we propose these intermediate classes of community-oriented services:

   5-1. Public information and public education

   5-2. Consultation

   a. Case-oriented consultation
   b. Staff-oriented consultation
   c. Program-oriented consultation

   5-3. Community planning and development

Part 5 - Does What...Services

5-C.1. Public Information and Public Education

1. Definition: A one-way educational process of imparting knowledge to and changing attitudes of the general public, segments of the population or special target groups to increase understanding of positive mental health and mental disorder and availability of resources.

2. Rationale: Public information and public education is intended to: 1) increase public awareness of problems found in the community; 2) develop appropriate public action for the alleviation and prevention of such problems; 3) change attitudes, motivations and behavior; and 4) disseminate information about agencies which provide appropriate human services.

3. Synonym: None

4. Examples: Newspaper series on dangers of drugs, television program on alcohol and highway safety, brochures for general distribution on symptoms of emotional distress, speeches to community organization, child-rearing classes or workshops for parents.

5. Classes:

   5-1. Media (newspapers, magazines, TV, brochures, speeches)

   5-2. Target population (children, adults, aged)

   5-3. Problem (alcohol, drugs, slow learning)

Part 5 - Does What...Services

5-C.2. Consultation

1. Definition: A process of interaction between a staff of the organization (consultant) and representative(s) of another organization or individual practitioner (consultee) to assist the consultee, to impart behavioral science knowledge, skills or attitudes, and to aid the consultee in carrying out his mission(s).

2. Rationale: None

3. Synonym: None

4. Examples: None

5. Classes: Consultation services, as with other services, may be further defined with reference to the purpose of the consultation, and then subsequently classified in a variety of ways with respect to the provider staff, the transaction activity, recipients, topic, problem, etc.

   In this third edition, we propose three classes of consultation:

   a. Case-oriented consultation

   b. Staff-oriented consultation

   c. Program-oriented consultation

Part 5 - Does What...Services

5-C.2a. Case-oriented Consultation

1. Definition: Consultation, the purpose of which is to assist the consultee in providing services to a specific client (individual, family group or therapy group) of the consultee.

2. Rationale: Case-oriented consultation is not primarily a direct clinical service, although in some instances the consultant may provide evaluation services as part of the consultation. As a consultant, the mental health professional does not assume responsibility for the client.

   Only consultation regarding an identifiable individual client or family unit should be considered case-oriented consultation. Consultation regarding the consultee's client population in general should be considered program-oriented consultation. (See Part 5-C.2b and 5-C.2c.)

   Case-oriented consultation excludes intraorganizational staff conferences regarding particular persons. Such activities should be considered as case conferences related to individual-oriented services, not as case-oriented consultation.

   Case-oriented consultation also excludes instances in which the "consultant" collaborates with the consultee in the provision of services to the client. In other words, when the role of the "consultant" extends beyond an advisory relationship to assist the consultee in helping his client, it should no longer be considered case-oriented consultation, but should be considered as individual-oriented service.

3. Synonym: Client-centered consultation.

4. Examples: Consultation with social services department worker about abortion counseling for specific client.

5. Classes: None

Part 5 - Does What...Services

5-C.2b. Staff-oriented Consultation

1. Definition: Consultation, the purpose of which is to improve the knowledge, skills, attitudes or insights of the consultee himself, or to help him with crises associated with his emotional or related problems.

2. Rationale: In the second edition, staff-oriented consultation was grouped with program-oriented consultation, by inference more than by specific intent. We believe that the need to distinguish between case-oriented, staff-oriented and program-oriented consultation is great enough to essay such distinction in the third edition.

   The main focus of staff-oriented consultation is the consultee himself, either because of a lack of skill in the consultee himself, some other deficit in the organization which will probably remain a factor, or an emotional crisis precipitated by the interaction of the consultee's client and the consultee.

   We continue to include in program-oriented consultation advice and help about problems related to the consultee's interpersonal relationships with his fellow staff, while reserving for staff-oriented consultation the help related to the consultee's intra-personal reactions or interpersonal interactions with his clients.

3. Synonym: Staff-centered consultation.

4. Examples: Consultation to a probation officer about alcohol abuse, a problem which the officer has not previously resolved, but which he must face among his probationers.

5. Classes: None

Part 5 - Does What...Services

5-C.2c. Program-oriented Consultation

1. Definition: Consultation, the purpose of which is to assist the consultee in planning and developing his program or in solving his own program system problems.

2. Rationale: Until the term "consultation" is subdivided in considerable detail, evaluation of the impact of consultative efforts (such as in comprehensive community mental health programming) cannot be accomplished. Many mental health professionals feel that the thrust of comprehensive community mental health programs will not secure mental health services for the total population of a community unless the consultative services by mental health specialists reach a wide range of people (clients) through other professionals (consultees).

   Beyond the need to distinguish case-oriented, staff-oriented and program-oriented consultation mentioned previously, there is also a need to delineate clearly the difference between consultation and education. Consultation is viewed as a problem-solving service, while education is viewed as a more formal process of knowledge building.

   The main focus of program-oriented consultation is the consultee's programs, services and activities as opposed to the consultee's own emotional problems and crises which is the focus of staff-oriented consultation, and as opposed to the pupil, parishioner, physician's patient, etc. (consultee's identifiable individual client) which is the focus of case-oriented consultation.

   The problems which are the subject of program-oriented consultation may directly concern mental health or indirectly have effects upon people's mental health. They can relate, on the one hand, to aspects of program administration such as planning, policy determination, recruiting, training, operating efficiency, use of personnel and other matters which affect the mental health climate of the consultee's agency. On the other hand, problems can relate to the group dynamics or the interpersonal relationships of the consultee and his staff.

3. Synonym: Social system consultation.

4. Examples: Consultation about training patterns for rap session leaders.

5. Classes: None

Part 5 - Does What...Services

5-C.3. Community Planning and Development

1. Definition: Participation as a representative of an alcohol, drug abuse, mental retardation or mental health organization with community leaders, organizations and citizen groups, to plan for the enhancement and enrichment of the community and develop solutions for community problems.

2. Rationale: A distinction should be made between community planning and development (defined above) and program-oriented consultation. In for former, the mental health worker participates directly with others in the planning, developing and innovating process and his organization may be one of several community organizations which are involved. In the latter, the mental health worker provides consultation to representatives of the organizations or persons in the community who take the prime responsibility for the work.

   Community planning and development excludes participation as a private citizen (not representing the organization).

3. Synonym: Community organization.

4. Examples: Participation on an urban renewal advisory body.
   Serving on a model cities planning group.
   Representing your agency in a community - a united community chest council.

5. Classes: None

Part 5 - Does What...Services

5-D. Manpower Training Oriented Services

1. **Definition:** A structured educational process of imparting job-related knowledge, skills and attitudes to individual practitioners and members of your own or of other organization (regular staff, volunteers, students or indigenous workers), to directly increase the recipient(s) knowledge, skills, attitudes or work effectiveness.

2. **Rationale:** In manpower training and education the primary purpose is seen as directly providing, improving, enhancing or extending knowledge and skills which are job-related. By contrast in program-oriented consultation the primary purpose is seen as assisting in planning and developing programs, solving program problems, and only indirectly in improving insights and skills.

   In training and education, the process is seen as a relatively structured educational process, which may use one-to-one tutoring or group seminars in addition to the more structured classroom or didactic approach. In program-oriented consultation, the process is seen as a one-to-one relationship through consultation interviews or small group meetings, in contrast to the more structured classroom or didactic approach.

   In training and education, the solution of illustrative problems is seen as only incidental to the primary knowledge building purpose. In program-oriented consultation, the solution of problems is seen as the primary purpose.

   Manpower training is further distinguished from public information and education in terms of target populations. The target population of training is the organization's own staff or the staff of other organizations. The target population of public information and education is the general public or segments of that public.

   In this third edition, manpower training and education includes in-service training, formal education leading to a degree and specialty education leading to licensing or certification.

3. **Synonyms:** Staff training and education, manpower training and education, staff development.

4. **Examples:** Didactic formal teaching through lectures on physiological symptoms of drug abuse, supervised field placement of degree candidates, curriculum design for staff education and training own "trainee" level staff.

Part 5 - Does What...Services

5. Classes:

5-1. Recipient: Students from institutions of higher education, staff of own agency, community caretakers, other agency's staff.

5-2. Purpose of training:

a. Staff enhancement: Professional advancement or enrichment for the benefit of the recipients.

b. Orientation programs: Orientation to the objectives and procedures of the agency.

c. In-service education: A systematic preparation of staff for the basic work they will perform in the agency.

d. Continuing education: Short courses, workshops, etc., to update or enhance the clinical competencies of staff.

e. Program and organization development: Sessions for developing and implementing new program directions for the agency.

f. Basic professional education: Experiences provided as practicum, field experiences, internships, residency training, etc. as part of the basic formal education leading to a degree.

5-3. Format of activities:

a. Didactic: Formal teaching in context of lectures, seminars, case conferences.

b. Practicum: Supervision and informal teaching of trainees in the course of their assigned experience with recipients (including rounds, team meetings).

c. Preparation: Course design, preparation for presentations, reading.

Part 5 - Does What...Services

5-E. Generalizable Research

1. **Definition:** The study activities performed by staff of the organization for the production of scientific knowledge through testing of theories where it is the intent to follow scientific principles so that finding may be generalized beyond the immediate data or situation, or where the findings may be so general as to be only remotely germane to the immediate situation.

2. **Rationale:** A small but important block of services in alcohol, drug abuse, mental retardation and mental health programs is addressed to building the body of knowledge about such disorders and their etiology.

   The broad group of services, here called "generalizable research," is intended to exclude the activities subsummed under the name "program evaluation." Program evaluation, later defined, is concerned with measuring the progress of a specific program, organization, unit or service toward the organization's objectives and goals, with an implied applicability only to the immediate data or situation.

3. **Synonyms:** Basic research, non-evaluative research, pure research.

4. **Examples:** A study of the effect of stimulus deprivation on human subjects, a study of a new tranquilizer, a study of day hospital versus inpatient services.

5. **Classes:** Three classes of generalizable research are proposed.

   5-1. Basic research: Systematic observations or experiments regarding thought, emotion or behavior in general or in relation to specific categories of disability (i.e., schizophrenia, mental retardation).

   5-2. Clinical research: Systematic experiments to determine the causes, treatments and rehabilitation of various disabilities.

   5-3. Socio-epidemiological research: Studies to determine incidence and prevalence of various disabilities and problems related to socioeconomic and epidemiological factors.

   5-4. Administrative research: Systematic observations or studies of the operations of organizations or their parts in relation to specific categories of interest (models of decision-making, flow of information, human stress and organizational change).

Part 5 - Does What...Services

5-F. Intraorganization Support Functions

1. **Definition:** The activities or functions performed by or for the organization in which the direct recipient is the organization itself, and directed toward the support, maintenance and development of the organization itself.

2. **Rationale:** Each organization performs a number of activities, functions or tasks which are directed toward the maintenance, self-preservation, support functions or improvement of the organization. These we refer to as intraorganization.

   For cost-finding and rate-setting purposes, these activities are usually allocated as administrative overhead.

3. **Synonyms:** Support services, in-house services, maintenance functions, administrative services, overhead services, instrumental activities.

4. **Examples:** Annual planning, staff recruiting, routine supervision, routine office management, data collection and analysis, budgeting, fund raising, travel, down time, recipient record-keeping.

5. **Classes:** The following classes of intraorganization support functions are proposed and are defined further below.

   5-1. Program planning
   5-2. Program evaluation (See Part 8.)
   5-3. Personnel management
      a. Organizing
      b. Staffing-recruiting
      c. Supervising-directing
      d. Case review
   5-4. Fiscal management
      a. Budgeting
      b. Fund raising
      c. Accounting
   5-5. Facility management
   5-6. Data management
   5-7. Records management
      a. Patient/client clinical records
      b. Other record-keeping
   5-8. Public relations
   5-9. Travel
   5-10. On call
   5-11. Down time
      a. Waiting
      b. On leave
      c. Non-work activities
      d. Personal
      e. Unrelated meetings, conferences, workshops

Part 5 - Does What...Services

5-1. Program planning: The process of designing and adjusting the organization's program activities and services to its program purposes, objectives, goals and priorities.

5-2. Program evaluation: Determining the degree to which a program is meeting its mission, objectives and goals, the problems it is encountering and the side effects it is creating. (See Part 8.)

5-3. Personnel management:

a. Organizing: Establishing conceptual relationships among component staff and units of the organization, services and resources, as a necessary precedent to action.

b. Staffing-recruiting: The classifying, specifying, recruiting, selecting, placing and promoting of the organization's personnel.

c. Supervising-directing: The assignment of tasks and review of performance to see that personnel perform appropriately.

d. Case review: Staff conferences and case discussions or review to determine the assignment or reassignment of cases and appropriateness of treatment. Includes formal utilization review.

5-4. Fiscal management:

a. Budgeting: Planning and allocation of fiscal resources to own organizational units, services and activities.

b. Fund raising: Promoting or lobbying for allocation of funds for own programs.

c. Accounting: The systematic recording and summarizing of business and financial transactions and analysing, verifying and reporting the results. Includes patient accounts.

5-5. Facility management: Day-to-day operations of the buildings, offices and grounds, including the maintenance, housekeeping, feeding, logistics, supply and related activities.

5-6. Data management: Information collection, analysis and use of data and information designed to monitor and assess the functioning of the program, including routine statistical reporting or recipient characteristics, costs, efficiency, community characteristics, service loads and program efforts.

Part 5 - Does What...Services

5-7. Records management:

a. Patient-client clinical records: Preparation and updating of health and other records necessary for the provision of individual-oriented services, including scoring and report writing related to psychological tests. Includes notating in clinical records by staff.

b. Other record-keeping: Preparation, updating, filing, retrieval, and use of records related to office communications, work flow, scheduling and facility operations.

5-8. Public relations: Activities for developing reciprocal understanding and goodwill between the organization and the public, other organizations, and other alcohol, drug abuse, mental retardation and mental health programs.

5-9. Travel: Activities related to staff traveling between facilities and sites while on duty.

5-10. On call: Prearranged waiting, holding oneself available for potential demands or requests.

5-11. Down time: Activities which are not productive of individual-oriented, community-oriented, intraorganization-oriented, or manpower training and education services.

a. Waiting: Unarranged waiting for an activity to begin.

b. On leave: Time spent away from work while on vacation, sick leave, compensatory time, administrative leave, military leave, jury duty and miscellaneous absences or tardinesses.

c. Non-work activities: Activities that do not directly relate to the staff's responsibilities or the organization's programs, objectives or goals.

d. Personal: Activities related to coffee, lunch and rest breaks.

e. Unrelated meetings, conferences, workshops: Participation in such meetings, conferences or workshops that do not directly relate to the mission, objectives or goals of the organization. (See Part 5-D for <u>related</u> meetings, conferences, workshops.)

Part 6

HOW...THROUGH THESE ACTIONS

Within the provider organization, the staff provides services which represent combinations of activities of a wide variety. How are these services provided?

In Part 6, definitions are given for the transactions, the activities which staff engage in while providing the services...the second half of the answer to question "Does what?"

6-A. Transaction mode

6-B. Intensity of interaction

Part 6 - How...Through These Actions

6-A. Transaction Mode

1. **Definition:** The generic method used by the provider staff in delivering services or performing support functions.

2. **Rationale:** There is a variety of activities, media, methods, functions and approaches used in the process of the transaction or intervention which seeks to prevent, alleviate or resolve the recipient's problems, satisfy his needs or accomplish goals or objectives. These may loosely correlate with the discipline of the provider. The same or different transaction modes may be employed for differing purposes.

   The concept of transaction mode is suggested as being useful to describe the means by which a service is communicated to a recipient in interactive events or, from another perspective, the type of transaction which takes place between the provider and the receiver.

   Special skills and resources may be called upon to perform the different activities and complete the transactions. These means-oriented categories may be utilized in both the accounting and evaluating tasks.

   Where the classes below are used to categorize staff time, it is important to include both the preparation for, the transaction itself and the necessary followup activities.

3. **Synonyms:** Activities media, modes, method, means, steps, encounters.

4. **Examples:** Interview, small group discussion, testing.

5. **Classes:** For purposes of this third edition, we recommend classes and subclasses as follows:

   5-1. Face-to-face individual contact: Contact through face-to-face interaction with individuals and small groups (two, three or four people) where group interaction is not planned.

   Interview
   Case conference
   Field visit
   Observation-surveillance
   Physical handling, aiding or assisting in performance
   Survey interviewing
   Physical examination
   Individual tutoring

   5-2. Face-to-face group interaction contact: Contact through face-to-face interaction, in person, with two or more people in which group interaction is one of the primary outcomes planned.

   Small group interview (group interview, three to 9 recipients)
   Large group session (group interview, ten or more recipients)

Part 6 - How...Through These Actions

5-3. Face-to-face congregate community session: Contact through continuous face-to-face group life or group living in a structured community setting.

Congregate session

5-4. Face-to-face presentation to groups: Contact through lecture, speech or presentation to groups, where group interaction is not necessarily or primarily intended.

Lecture, speech, instruction, presentation - NON-classroom setting

Classroom lecture - lecture, speech, etc. - IN-classroom setting

5-5. Telephone individual contact: Contact by telephone with individuals and small groups to, from or about recipient.

5-6. Television, radio, motion picture film or audio recording: Contact through radio, television, film, or recording of lectures, panel discussion, interviews, demonstrations or documentary programs.

Television appearance or program
Radio appearance or program
Motion picture, slide projection, other visual projection program
Recording (records, cassettes, tape, other) or recorded program

5-7. Individual written message: Contact by individual letter, memorandum, telegram or other written message to, from or about recipient.

5-8. Individual written test: Contact through administration of a written or mixed oral and written test, examination or observation test.

5-9. Newspapers, magazines: Contact through mass media messages in newspapers, magazines, journals, newsletters and other regular or special news publications.

Newspaper
Professional journal
Special or general interest journal or magazine
House publication or report intended for wide distribution

5-10. Other written: Contact through special pamphlet, poster, brochure, leaflets, flyers, textbooks, instructional material, etc.

Part 6 - How...Through These Actions

5-11. Travel: Physical movement from one location to another by auto, bus, rail or air transportation.

Traveling - staff
Transportation of client

5-12. Manual, physical and related transactions: Physical operation of equipment, machines, tools or appliances or physical handling of materials, supplies and other objects.

5-13. Other support transactions: Dictation, transcribing, case-recording, filing, typing, proof-reading, scheduling, billing, fee collection, drug dispensing, bookkeeping and related support transactions.

5-14. On call: Prearranged waiting, holding oneself available for potential demands or requests for services.

5-15. Off duty or down time activities: Sick leave, vacation, compensatory time off, meal or break time activities, waiting and other personal non-work activities.

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Part 6 - How...Through These Actions

6-B. Interaction Intensity

1. Definition: Degree of involvement and continuity between the recipient and provider of service.

2. Rationale: Interaction intensity is a basic variable in distinguishing between scheduled versus unscheduled, casual versus planned, and continuous versus periodic interaction between the recipient and provider of a service. It is necessary to other essential operations such as patient billing and cost accounting, and may bear on the degree of responsibility the provider has for the recipient.

3. Synonyms: Service mode, modality, level of interaction.

4. Examples: Inpatient, outpatient.

5. Classes: For purposes of the third edition, the following classes of transaction intensity are advocated. Note that the first five orders of transactions relate to enrolled recipients. The last order relates to non-enrolled, non-admitted recipients.

5-1. First order interaction: Continuous delivery of services to a recipient on a 24-hour basis in the service setting. Includes inpatient and resident care status.

5-2. Second order interaction: Continuous delivery of services to a recipient for a substantial portion of a 24-hour period in the service setting. Includes day, night, weekend, half-way, quarter-way, millieu and therapeutic communities, classes and conferences, etc...status and may be subclassified accordingly.

5-3. Third order interaction: Intermittent delivery of services to a recipient on a periodic scheduled short visit basis. Includes a scheduled outpatient service, regularly scheduled short training sessions and consultation status.

5-4. Fourth order interaction: Intermittent or brief services to a recipient on an unscheduled or casual contact basis. Includes walk-in contacts, unscheduled consultations and telephone calls status.

5-5. Fifth order interaction: Intermittent delivery of services to a recipient on suspended, postponed or inactive status. Includes persons on waiting list, long term leave, provisional discharge or in a prepayment program status.

5-6. Sixth order interaction: Receiving no services of any kind but has the status of being a member of the target population.

Part 7

FOR WHOM...RECIPIENTS

The provider organization and staff deliver services through specific transactions to recipients.

In Part 7, definitions are given for key terms related to recipients...in answer to the question "To, with, or for whom?"

7-A. Geographic area residents

7-B. Target population

7-C. Recipient

7-D. Characteristics of recipients of individual-oriented services

7-E. Movement changes of recipients of individual-oriented service

In addition, within several of the sections (A, B, C, D, and E), other definitions are given for subclasses of terms appropriate to that section.

Part 7 - For Whom...Recipients

7-A. Geographic Area Residents

1. Definition: The inhabitants of the total or subdivisions of the country who can be specified as living within identifiable boundaries.

2. Rationale: Analyzing the needs of the inhabitants or residents in conjunction with the distribution and utilization of resources of specific geographic areas is useful in planning mental health services, investigating patterns of use of organizations and services and for epidemiologic studies.

   It is recommended that geographic area categories be consistent with those used in the Bureau of the Census publications, summary tapes, special tabulations and other sources.

   It should be noted that in addition to the classes below, geographic area residents may be designated by various definitions of such classes as poverty, military or other special groups.

3. Synonyms: Population of catchment area, population, universe.

4. Examples: Census tract population, catchment area population.

5. Classes:

   5-1. Blockface: A boundary segment of a block. A city block has a blockface on each side, usually with a range of house or building numbers.

   5-2. Block: A well-defined piece of land bounded by streets or roads, railroad tracks, streams, other features on a map, or by invisible political boundaries.

   5-3. Block group: Combination of blocks, approximately equal in area, which do not cut across census tract lines.

   5-4. Enumeration district (ED): An area with small population (averaging 700) defined by the Census Bureau and used for the collection and tabulation of population and housing census data.

   5-5. Census tract: Small permanent areas into which large cities and adjacent areas have been divided for the purpose of showing comparable small-area statistics. Census tract boundaries are determined by a local committee and approved by the Census Bureau. Census tracts conform to county lines and are designed to be relatively homogeneous in population characteristics, economic status and living conditions. The average tract has about 4,000 inhabitants.

Part 7 - For Whom...Recipients

5-6. Zip code area or zip area: A numbered area for directing and sorting mail. Zip areas are established by the U.S. Post Office and may change according to postal requirements.

5-7. Urban place: The term "place" refers to a concentration of population, regardless of legally prescribed units, powers or function. Urban places include all incorporated and unincorporated places of 2,500 or more and the towns, townships and counties classified as urban.

5-8. Rural place: That portion of some area which is not classified as urban.

5-9. County: A primary political and administrative division of a state. In Louisiana these divisions are called parishes. In Alaska there are no counties and census statistics are shown for its election districts which are the nearest equivalent to counties.

5-10. Standard metropolitan statistical area (SMSA): Consists of a county or group of counties containing at least one city (or "twin cities") having 50,000 inhabitants or more (central city), plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. The name of the central city is used as the name of the SMSA. In New England, SMSA's are defined in terms of cities and towns.

5-11. Catchment area: Geographical division from which recipients are admitted to a specified mental health organization for services. This usually refers to an area served by an organization.

5-12. Intrastate planning area: A region within a given state usually comprising one or more counties with the division such that natural boundaries such as rivers or mountain ranges tend to give a certain economic or geographic homogeneity.

5-13. State: The major political units of the United States.

5-14. Interstate area: Combination of areas from two or more states such as Mid-Atlantic, East South Central, etc.

5-15. United States: Fifty states and the District of Columbia, excluding outlying areas of American Samoa, Canal Zone, Commonwealth of Puerto Rico.

Part 7 - For Whom...Recipients

7-B. Target Population

1. **Definition:** The population group or subgroup toward which the services of programs, organizations and organizational units are directed.

2. **Rationale:** Programs, organizations and organizational units often direct their services both to general and to restricted population groups. For purposes of classification, description, administration, comparison and evaluation, it is necessary to identify the specific target populations.

   It should be noted that greater specificity in identifying a target population may be achieved by combinations of the variables below.

3. **Synonyms:** Target group, target subgroup, sum of potential and active recipients.

4. **Examples:** Alcohol abusers, the aged, the severely retarded, unmarried fathers.

5. **Classes:**

   5-1. Geographic area residents: Where the target population is defined by geographic area boundaries, use categories shown in that section.

   5-2. Problem groups: E.g., alcohol abusers, drug abusers, mentally retarded or developmentally disabled, mentally ill, socially maladjusted persons, and persons desiring greater effectiveness or comfort.

   5-3. Special diagnostic subgroups: E.g., schizophrenia, depression, organic brain syndrome.

   5-4. Age groups: E.g., children, adolescents, adults, aged.

   5-5. Socioeconomic groups: E.g., poverty area residents.

   5-6. Occupational groups: E.g., farmers, retired blue-collar workers, nurses, doctors.

   5-7. Organization groups: E.g., hospitals, social agencies, civic clubs, churches, PTA's, labor unions.

   5-8. Racial/ethnic groups: E.g., White, Black, American Indian.

   5-9. Other groups

Part 7 - For Whom...Recipients

7-C. Recipient

1. **Definition:** A person, family, collateral person, group, organization or general public who receives or is eligible for the services of a specified organization by virtue of membership in the larger population.

2. **Rationale:** A growing volume of mental health, mental retardation, drug abuse and alcoholism services are being delivered to persons, families, groups, and organizations who may never have been patients in the traditional sense. We have deliberately introduced the concept that a recipient may be a community, an organization, a group, a family or a well person. It may also include a person with problems below the threshold of illness.

3. **Synonyms:** User, consumer, beneficiary, student, client, patient, consultee, trainee, patron, listener, reader, customer.

4. **Examples:** Patient, patient's family, teachers, agency, organization, population group.

5. **Classes:**

   5-1. Individual-oriented service recipients: Individuals for whom help is sought, families, collateral persons, therapy groups. (Synonym: client, direct service recipient)

      a. Active recipient: A recipient currently under the status of receiving direct services in the first through fourth order of interaction. (See Part 6-B.) (Synonyms: registrant, resident, patient, student)

      b. Inactive recipient: Individual for whom the organization has a defined responsibility by virtue of contract or charge (HMO, group insurance, welfare clients, etc.) but who is not currently active or receiving services. (Synonym: dormant recipient)

      c. Potential recipient contact: A recipient under the status of receiving information/screening/referral services. (Synonym: information-referral-screening recipient, inquirer, pre-patient.)

      d. Potential recipient at large: Individual who has no relationship to the organization unless or until a situation arises for which services are required. (i.e., catchment area target population)

Part 7 - For Whom...Recipients

5-2. Community-oriented service recipients: Individuals or agents to whom community-oriented services are provided. (Synonym: indirect service recipient) The recipients above may further be classified according to whether they are facilities/agencies, organization/groups or private practitioners, and may be identified by additional words specifying exactly which agency, group or individual in the community is referred to.

a. Mental health
b. Mental retardation
c. Alcohol
d. Drugs other than alcohol
e. Health
f. Recreational
g. Educational
h. Vocational
i. Social service
j. Legal/correctional/law enforcement
k. General public
l. Religion
m. Housing
n. Governmental other than implied above
o. Other

5-3. Mental health manpower training recipients: Individuals, groups or organizations who receive the educational and training services of a program.

They are the immediate beneficiaries, although we hope that their increased knowledge and skill will result in improved services which they in turn render to their clients, communities and agencies.

a. Students from institutions of higher education taking their clinical affiliation:
Professional school students
Technical school students

b. Staff of own agency:
Orientation program enrollees
In-service training enrollees
Continuing education enrollees (i.e., staff persons who participate in special workshops on such subjects as "family therapy" or "behavior modification")

c. Community caretakers: Individuals such as clergymen, lawyers, or family physicians who enroll in educational activities provided by a mental health program.

Part 7 - For Whom...Recipients

d. Other agency's staff persons: Employees of other agencies such as teachers, social workers, public health nurses who are staff persons from another agency who enroll or participate as learners in an educational activity of a mental health program.

These may be further classified by their agency, affiliation or profession.

Part 7 - For Whom...Recipients

7-D. Characteristics of Recipients of Individual-oriented Services

1. Definition: The descriptive qualifiers which further classify the recipient or, which singly or in combination, will uniquely identify or describe him, or which show his relation to the organization at a specific time.

2. Rationale: Recipient characteristics are particularly useful for statistical description of groups or categories of individuals. These same characteristics may also be useful in the descriptive profile of an individual for clinical or administrative purposes.

3. Synonyms: Type of recipient, recipient characteristics.

4. Examples: Age, race, sex, source of referral, problem, legal status.

5. Classes:

   5-1. Demographic characteristics:

   a. Sex: Male, female, undetermined

   b. Date of birth: Month, day and year of birth

   c. Race/ethnic background:

      White
        Spanish descent
        Other
      Negro/Black
        Spanish descent
        Other
      Other non-white
        American Indian
        Alaska native
        Asian descent
        Other

   d. Marital status:

      Married (include common-law)
      Never married (include only marriage annulled)
      Remarried
      Separated (either legally or by mutual consent because of marital discord)
      Divorced
      Widowed

Part 7 - For Whom...Recipients

e. Living arrangements: (Synonym: household composition)

Lives alone
With spouse
With parents
With children
With siblings
With other relatives
With others (including group quarters other than institution)
In institution

(Note that combinations of some of the above are possible.)

f. Education, occupation, annual (or weekly) income, veterans status, birthplace, religion, citizenship, etc.

5-2. Referral source: The individual, agency, or group who recommended service to recipient or recipient to service:

Self	Nursing home
Family of friend	Psychiatric clinic
Clergy	Other psychiatric facility
School	Institution for retarded
Police	Other retardation facility
Private psychiatrist	Court or correction agency
Other private physician	Public health agency
Mental health center	Welfare agency
Mental hospital	Vocational rehabilitation
General hosp. psych. unit	Voluntary agency
General hosp. other unit	

5-3. Presenting problem(s): (Synonym: problem appraisal at intake)

This is typically presented from the viewpoint of the client rather than from in-depth psychopathological interpretation of staff. Several lists have been developed in this area (e.g., the Program Evaluation Project in Minnesota or the Multistate Information System in New York). Sample problem areas: work, social relations, physical complaints, sexuality, suicide, anxiety/depression, alcohol/drug abuse, psychopathologic symptoms, etc. The problem-oriented clinical record provides identification of present problems.

Part 7 - For Whom...Recipients

5-4. Legal status: The legal authority, if any, by which a recipient enters and is held in a service-receiving status; there is considerable variation from state to state by differing statutes (Synonym: type of commitment)

- Voluntary
- Committed by court of criminal jurisdiction
- Committed by judge or chairman of county court
- With medical certification
- Emergency
- Non-contested
- Under special drug or alcoholism law
- Others

5-5. Recipient reimbursement status: The source from which an organization is reimbursed for services provided to a recipient. (Synonym: pay status)

- Private funds (generally recipient or recipient's family)
- Health insurance (Blue Cross, Blue Shield)
- Prepaid health care plans
- Welfare department
- Medicaid
- Medicare
- Other social security titles (I, IVA, X, XIV, XVI)
- Other government source
- Railroad retirement
- Other

(Also see chart of accounts 510-599 in Appendix.)

Part 7 - For Whom...Recipients

7-E. Movement Changes of Recipient of Individual-oriented Service

1. Definition: The progress of an individual in or out of a system, from one recipient category to another, or from one program, organizational unit, site or interaction intensity status to another.

2. Rationale: In tracking an individual through a system it is frequently necessary to know his status change: 1) from being outside the system to coming into it; 2) from one recipient category to another; 3) from one program to another program; 4) from one organization to another organization; 5) from one organizational unit to another; 6) from one site to another; 7) from one level of transaction intensity to another; and 8) from being in the system to being out of it. Change 1) has frequently been called "admission;" changes 2) through 7) have frequently been called "transfers" and change 8) has frequently been called "discharge." We propose that to be thorough we would label these changes by specifying both former level and present level; e.g., potential recipient contact to active recipient, building A to building B, in the system to out of system. To account for changes in only one direction, the classes below are suggested.

3. Synonyms: Patient movement, status changes, assignments, reassignments.

4. Examples: First admission, discharge, reassignment to another unit.

5. Classes:

5-1. First addition: (Specify level or combination of levels coming into.) A "first addition" refers to the change of a person from having had no prior recipient-status in a specified level in a mental health system to having current recipient status.

5-2. Readdition: (Specify level or combination of levels coming into.) A "readdition" refers to the change of a person (who has had prior recipient-status on a specified level in a mental health system) from no immediate prior recipient-status to having current recipient-status.

5-3. Discontinuation: (Specify level or combination of levels recipient is leaving). A "discontinuation" refers to the change of a person, other than by death, by removal from, leaving or discontinuing a recipient-status directly or through another person acting for him, in a specified level in a mental health system.

5-4. Death: (Specify level at time of death.) A change by the fact of a person's dying while in a recipient-status.

There may be many other combinations of changes within a specific program. The user is invited to cross-classify such changes based on his specific needs.

Part 8

WHY...WITH WHAT PURPOSE/RESULTS

The provider organization and staff deliver services through selected transactions to recipients. What was the purpose?...What were the results?

Part 8 addresses itself to selected terms related to the purposes and results.

All programs, whether they be drug abuse, alcohol, mental health, or mental retardation, can be viewed as consisting of a combination of resources, activities, and objectives. Every program plan, whether written or not, makes three kinds of assumptions: 1) the expenditure of resources as planned will result in the performance of planned services; 2) such services, if properly performed, will result in the attainment of the objectives with which they are linked; and 3) the program purpose will be reached to the degree that the objectives are attained. The evaluation of program performance involves the testing of the three assumptions.

Terms defined include:

- 8-A. Program purpose
- 8-B. Program evaluation
- 8-C. Evaluative research
- 8-D. Program outcome
- 8-E. Output units

Part 8 - Why...With What Purpose/Results

8-A. Program Purpose

1. **Definition:** A general statement of intent about a range of human needs or problems of a target population to which an organization addresses its services.

2. **Rationale:** Within the broad authority expressed in public policy, custom, law and precedent, each organization is presumed to pursue a purposeful course of action through its programs to achieve the effects or consequences sought. Most service agencies address themselves to human needs which must be satisfied to successfully function in a particular culture at a particular time.

   While the successful functioning is the intent of the program, the end products are often stated in terms of correcting a problem, changing an unacceptable prevailing condition or meeting a need that is not being satisfied to an acceptable level.

3. **Synonyms:** Direction, intention, intended course.

4. **Examples:** Reduce dependency on alcohol or drug abuse, alleviate mental illness in individuals, increase knowledge (in a specific topic area), train mental retardates to become self sufficient.

   Current interest in management by objective, goal-oriented management and recipient-goal attainment models are examples of the ways that intended outcomes are used to provide an operational framework for program purpose.

5. **Related terms:** We propose that program purpose be classified proceeding from the most generic level to the most specific level of effects or consequences.

   Because of the lack of agreement on the following terms and their interchangeability, we prefer the term "objective" as the more generic and "goal" as more specific. We suggest that when either term is used that it be identified as being used in its more general or more specific sense. Both goals and objectives, to be most useful, must be clearly stated to include the desired result, and the corollary "who, when, where, what and how."

   5-1. Mission: A general group of program objectives which have one or more characteristics in common. (Example: alcohol preventive mission)

   5-2. Objective (goal): A concise description of a desired end state sought at a specified future point in time, related to a human need. (Example: reduce alcohol-related motor vehicle deaths 20% by 1975).

   5-3. Goal (objective): A reality-constrained, time-specific, problem-oriented statement which specifies the desired change or end-state which an organization seeks to bring about. (Example: To educate all Portage County residents arrested for driving while under the influence of alcohol)

Part 8 - Why...With What Purpose/Results

8-B. Program Evaluation

1. **Definition:** Determining the degree to which a program is meeting its objectives, the problems it is encountering and the side effects it is creating.

2. **Rationale:** Program administrators need a way to ascertain whether the program activities and the use of resources are reaching the established objectives at periodic intervals so that they may make changes in the use of resources or program activities in order to assure that they do attain the objectives. This process is called program evaluation. This is equivalent to the homeowner's use of a thermometer and thermostat to keep the temperature of his home within predetermined limits.

   This process varies somewhat from evaluative research in that an ongoing program is usually unable to control all of the many factors (independent variables) that may influence it such as the numbers and kinds of clients referred to it or the total funds or personnel available to use in the program. Program evaluation is thus more a matter of monitoring several indicators as if they were all partially dependent variables to assess changes in any of them so that appropriate changes can be made to assure the attainment of the intended outcome. On occasion, program evaluation requires modification of the objectives within the resources available.

   Program evaluation is closely related to accountability since it involves continuous assessment and reassigning of resources and program activities in order to attain the objectives. Often program evaluation will focus on very specific problems within the organization.

   It involves monitoring of several factors simultaneously--funds, personnel, client intake, problems, quality of services, outcomes.

3. **Synonyms:** Program monitoring, systems assessment, performance evaluation.

4. **Examples:** Professional services review, peer review, management information systems monitoring, community acceptance study, underutilization study.

5. **Classes:**

   5-1. Program appropriateness: The extent to which programs are directed toward those problems that are believed to have the greatest importance, based on the philosophy and the value systems of decision-makers.

Part 8 - Why...With What Purpose/Results

5-2. Program effort: The quantity and quality of activity that takes place or of resources that are consumed.

5-3. Program effectiveness: The extent to which pre-established program objectives are attained as a result of program activity; the results of effort relative to an immediate goal; the degree or extent to which success is achieved in resolving a problem.

5-4. Program efficiency: The cost in resources of attaining objectives; the relationship between effort and effect, or input and output; evaluation in terms of cost (money, time, personnel, public convenience); a ratio between effort and achievement, the capacity of an individual, organization, facility operation or activity to produce results in proportion to the effort expended.

5-5. Program side effects: All effects of program operation other than attainment of objectives. These side effects may be desirable or undesirable and may be anticipated or unanticipated.

Part 8 - Why...With What Purpose/Results

8-C. Evaluative Research

1. **Definition:** Utilization of scientific research methods and techniques or the purpose of evaluating a program.

2. **Rationale:** Administrators are concerned with demonstrating the effectiveness of their programs not only to insure continued public support but to add to the body of knowledge about what works in public service programs, for what kind of people, and why. To do this, research principles must be applied to the problem of evaluation, thus yielding the concept "evaluative research." Evaluative research is the application of empirical research techniques to the process of evaluation; a method for studying the effectiveness of efforts of planned social change; a form of applied research whose objective is not the discovery of knowledge but rather a testing of the application of knowledge; studies of effectiveness of clinical or service methods.

3. **Synonym:** Evaluation study.

4. **Examples:** An experimental-control group study of the effects of increased interpersonal communication skills on the drug taking behavior of high school students.

5. **Classes:** (See Part 8-B.)

Part 8 - Why,..With What Purpose/Results

8-D. Program Outcome

1. **Definition:** The effects achieved for a target population by a program.

2. **Rationale:** There has been much attention given to the services delivered by staff persons, but less attention given to the benefits or results to clients or communities. Outcome refers to the changes or benefits brought about in clients or communities as a result of the services delivered. Outcomes are seen as effects, changes or impacts on recipients. Outputs are seen as measures of staff activity and production.

3. **Synonyms:** Accomplishments, effects, benefits.

4. **Examples:** Abstention from use of alcohol, reduced depressive episodes, increased self-care and self-help skills.

5. **Classes:**

   5-1. Degree of improvement: A judgment of the degree of change in the recipient's condition. This is the traditional way of classifying recipient's results.

   5-2. Problem resolution: The presenting problem of individuals or the community are categorized and rated as to whether the problems have been mitigated. (Example: less frequent bed wetting, decreased suicidal rate)

   5-3. Goal attainment: Goals are set for each individual or community. Goals may be set in various terms such as "resolution of problems," "full employment," "independent social living," "reduced incidence of truancy." The extent to which the goal has been attained is then rated.

   5-4. Movement status changes: The progress of a recipient through a system has been used as an outcome measure to reflect further need for services. This may be a rather poor indicator of outcome but may be used. (See Part 7-E.) (Examples: discharge, transfer to outpatient)

   5-5. Recipient satisfaction: Reports by individuals or community recipients regarding their degree of satisfaction or improvement.

Part 8 - Why...With What Purpose/Results

8-E. Output Units

1. **Definition:** Amounts of services provided expressed in terms of adopted units of services reflecting the costs of resources expended.

2. **Rationale:** Output units must be quantified to reveal the amount of program activity to determine the program's efficiency (cost per product) for cost finding, for managerial control and for allocation of resources. The value of the output unit is the full rate (See Part 9-E.) When the total value of all output units are accumulated they constitute the total revenue.

   Output relates to efforts; outcomes relate to effects. Outputs are seen as measures of staff activity and production. Outcomes are seen as effects, changes or impacts on recipients.

3. **Synonyms:** Services rendered, products, billable services.

4. **Examples:** Visits, hospital days, group sessions, contacts, consultations, lectures, meetings, etc.

5. **Classes:** The classes of output are determined by combining the classes of service (See Part 5.), transaction mode (See Part 6.) and interaction intensity (See Part 6.). The number of combinations is too large to include here. Each organization should select the combinations which are relevant to their needs.

   5-1. Examples of classes:

   a. Individual treatment or counseling, face-to-face contact, fourth-level interaction, i.e., "unscheduled face-to-face treatment visit."

   b. Staff-oriented consultation, face-to-face group interaction contact, third order interaction, i.e., "agency consultation."

   c. Group treatment or counseling, face-to-face, congregate community session, second-order interaction, i.e., "day hospital session."

Part 8 - Why...With What Purpose/Results

6. Related Terms: In addition to the terms defined above, we also list the following related terms.

   6-1. Person hours: Hours and minutes of staff time expended.

   6-2. Visits: Face-to-face staff-to-others, individual contacts to include interviews and visits for the purpose of observation or visual inspection.

   6-3. Session: Face-to-face staff-to-group. (See Part 6-B.)

   6-4. Transaction: Simple count of the number of various services or steps carried out or completed.

   6-5. Recipient days (patient days): Days (or fractions) of recipient (patient) time expended.

Part 9

WITH WHAT...RESOURCES, COSTS AND REVENUES

While the answers to the previous questions (Who? Does What? How? For Whom? and With What Results?) are often identified as the most important answers, in real life the answers to a closing trio of questions (With What Resources? At What Costs? and With What Revenues?) are the ones that often have major impact on the size, scope and direction of a program.

9-A. Resources

9-B. Expenses

9-C. Cost finding

9-D. Revenues

9-E. Full rate

9-F. Fee

Part 9 - With What...Resources, Costs and Revenues

9-A. Resources

1. **Definition:** The personnel, equipment, supplies, physical structures and money, owned or controlled, which are the source of supply or support of the operation of an organization.

2. **Rationale:** The resources of an organization are the personnel, materials, structures, monies and knowledge which are available for use by the program. The availability of these resources is a major determinant in how successfully an organization can fulfill its mission, reach its objectives and goals and serve its target population.

   Control of the use of these resources and influence on their availability are often the keys to controlling the programs, services, transactions and outcomes.

3. **Synonyms:** Available means, source of supply, program resources, assets, capability.

4. **Examples:** Staff, equipment, material, buildings.

5. **Classes:** We advocate that at least these six basic classes of resources be used, coinciding closely with the classes of accounts advocated in "Accounting Guidelines for Mental Health Centers and Related Facilities," First Edition, David L. Salsbery, WCUMHD, WICHE, May 1971.

   5-1. Personnel: The clinical and administrative staff employees, volunteers, consultants and residents/students-in-placement who are available to perform the activities and functions of a program.

   5-2. Equipment: The fixed, major movable or minor machinery, fixtures, articles, vehicles, apparatus, "things" and furniture which have a relatively long useful life and are not consumed in the course of a program.

   5-3. Supplies: The expendable articles and materials such as office, wearing apparel, pharmaceuticals, housekeeping, dietary, fuel, audio-visual tapes, laboratory, testing, educational materials and supplies, etc.

   5-4. Building and land: The land, off-site capital utility improvements, roads, sidewalks, on-site capital improvement, and buildings which are available for use by the organization for its activities, functions and program.

Part 9 - With What...Resources, Costs and Revenues

5-5. Money: Cash, investments, receivables, and budgeted-to-be-received operating funds which are available for use by the organization for its activities, functions and program.

5-6. Techniques and knowledge: The sum of what is known and the technical methods for applying the body of knowledge, information and principles about mental illness, mental retardation, alcohol abuse, drug abuse and human behavior in general.

Part 9 - With What...Resources, Costs and Revenues

9-B. Expenses

1. **Definition:** The amount of resources, expressed in money, consumed in producing a service or carrying on an activity. (The service potential of the resources has been released and transformed into an expense.)

2. **Rationale:** To an every increasing degree, managers of mental health programs are being called upon to give a careful accounting for the expenditure of their resources. There are demands for evidence of efficiency (cost per product) and of efficacy (cost per benefit) that go well beyond the traditional accountability for funds held in trust. Purchasers of mental health services are insisting that charges relate accurately to expenses.

3. **Synonyms:** Expenditure, disbursement.

4. **Examples:** Total expenses of a psychiatric inpatient facility, expense per psychotherapy visit.

5. **Classes:** We suggest that at least these six basic classes of expenses, coinciding closely with the classes of resources, be used.

   5-1. Personnel: Salaries and wages, employee benefits and consultant fee expenses.

   5-2. Equipment: Equipment used, rental, repairs and depreciation expenses.

   5-3. Operating supplies: Supplies, articles and materials used and related expenses.

   5-4. Other operating expenses: Printing, publications, subscriptions, dues, fees, licenses and other related expenses.

   5-5. Building expenses: Building rental, repairs, depreciation, light, heat, water and related building and land operating expenses.

   5-6. Contractual expenses: Services purchased from another organization.

   For purposes of accounting, each of these major classes of expenses may be further subdivided into other "accounts" depending again on the mix, source and payment for the expenses.

Part 9 - With What...Resources, Costs and Revenues

9-C. Cost-Finding

1. **Definition:** A system or method of allocating and reallocating costs from a point of data collection or original expenditure into different sets or subsets of costs, to charge all relevant costs--direct, indirect, or unassigned--to other organizational units or final producing cost centers.

2. **Rationale:** Cost is one method of valuing an expense based on the outlay (typically cash) made by an organization to obtain an asset or service. The organizational unit or subunit which originally incurs an expenditure or cost may not be the final production or revenue producing unit within the organization to which such cost should be charged.

   Despite the difficulty of identifying the appropriate final producing cost centers within mental health, retardation, alcohol and drug programs, there is an urgent need for a systematic allocation of costs which bypasses the unsatisfactory reliance on crude averages which have been used in the past.

3. **Synonyms:** Expense allocation.

4. **Examples:** (See "Cost-Finding and Rate-Setting for Community Mental Health Centers," Sorenson, Phipps.)

5. **Classes:** None

6. **Related terms:** For purposes of this third edition, the following related terms are defined, and the reader is invited to consult the reference, "Cost-Finding and Rate-Setting for Community Mental Health Centers."

   5-1. Variable costs: The costs that are expected to fluctuate directly in proportion to some measure of program activity (such as the number of patients in beds; such as the number of patient-interviews).

   5-2. Step-variable costs: The costs which vary over a wide range of program activity but do not fluctuate directly in proportion to some measure of program activity.

   5-3. Fixed costs: The costs which remain constant in total amount regardless of the level or fluctuation in the volume of program activity.

   5-4. Direct costs: The costs that are charged directly to the organizational unit originally making the expenditure, regardless of their later reallocation (if any) to other organizational units or final producing cost centers.

   5-5. Indirect costs: The costs that are reallocated from the organizational unit originally making the expenditure to another organizational unit which controls or influences the cost.

Part 9 - With What...Resources, Costs and Revenues

9-D. Revenues

1. **Definition:** The amount of all potential income, at the program's full established rates, of all services rendered to recipients, regardless of the amounts actually paid by or on behalf of the recipient, including both fee and fund revenues.

2. **Rationale:** Revenues are the life blood of a program, organization or unit. These revenues, often received in cash (but sometimes in donated equipment supplies, buildings, land or volunteered personnel services), are the monies with which resources are purchased, rented, contracted or employed; the income that a program, organization or organizational unit collects and receives for its own use, as well as the income that it receives for deposit in a general fund available for wider public program use. Grant funds can be considered as "prepayment" for services to be rendered.

   While the public sector is nonprofit oriented, the vigorous competition for funds and the increased emphasis on fee charges has come to typify public programs to a large extent.

3. **Synonyms:** Income, receipts, earnings, funds, appropriations.

4. **Examples:** County board appropriation for a drug abuse program.
   State and county appropriations plus fees collected for an alcoholism program.
   Federal, state and county funds plus fees collected for mental retardation programs.

5. **Classes:** We advocate that at least these seven basic classes of revenues be used:

   5-1. Fees for service: Revenue earned from charges made to recipients of services of the organization, including that portion paid by third party payers such as Medicare, Medicaid, compensation insurance, commercial insurance and other payers. This includes contract fees.

   5-2. Federal fund revenue: Revenue received as authorized by any act of Congress or the Executive Branch of the federal government, other than fees in payment for specific services rendered.

   5-3. State fund revenue: Revenue received as authorized by any act of state legislatures or executive branches of state governments other than fees in payment for specific services rendered.

Part 9 - With What...Resources, Costs and Revenues

5-4. County-city-local fund revenue: Revenue received as authorized by any act of county, city or multi-level boards; legislative or executive branches of such governments other than fees in payment for specific services rendered.

5-5. Other fund revenue: Revenue, other than donations, received from any other source than fees, federal, state, or local government sources, including gains on sale of assets, interest earned and miscellaneous other income, other than fees in payment for specific services rendered.

5-6. Donations: "Revenue" which represents free contributions from individuals, corporations, charitable organizations, united community chests, foundations and others, other than above.

5-7. Adjustments to revenue: Both positive and negative adjustments to revenues such as donated service discounts, contractual adjustments, administrative adjustments and allowance for bad debts.

Part 9 - With What...Resources, Costs and Revenues

9-E. Full Rate

1. Definition: The full established cost value, expressed in dollars, of the services rendered to recipients.

2. Rationale: While cost-finding procedures systematically allocate and reallocate costs to their final producing cost centers, rate-setting establishes systematic charges based on the cost-finding information for those centers.

3. Synonyms: None

4. Examples: A la carte rate structure in an outpatient drug program.
   An inclusive rate structure in an inpatient alcoholism program.

5. Related terms: Rather than advocate classes of terms, we propose the definition of these related terms:

   5-1. Set rate: The established charge which to varying degrees reflects the cost value of the services provided to recipients.

   5-2. A la carte rate: A rate based on a specific itemization of services received by a recipient (even though the cost value of such services may be based on the average costs).

   5-3. Inclusive rate: A periodic uniform rate, with variation for major type of service or program, established without regard to the specific level of utilization and without specific itemization of services received by a recipient.

   5-4. Dual rate: A rate which explicitly includes both 1) a fixed inclusive rate element unique to the type of service or program and 2) an a la carte rate element specific to the amount of time or specifically prescribed procedures or transactions provided the recipient.

Part 9 - With What...Resources, Costs and Revenues

9-F. Fee

1. **Definition:** The net charge, expressed in money, which represents that portion of the set rate (9-E), plus or minus adjustments, if any, which is billed to the recipient or third party payer.

2. **Rationale:** While cost-finding and rate-setting establish the full costs and full rates for respective cost centers, fee-setting establishes the actual fees to be collected for the services provided. The emphasis in fee-setting is in establishing net charges to be collected after allowances, discounts and adjustments.

3. **Synonym:** Charge.

4. **Examples:** A fee of $3.50 per hour for outpatient psychiatric interview.
   A fee of $5.00 per day for residential inpatient day.

5. **Classes:** None

6. **Related terms:** As in previous sections of Part 9, rather than advocate classes of terms, we propose the definition of these related terms:

   5-1. Donated service discount: An adjustment based on the uncollectable value of service rendered to recipients who are financially unable to pay the full established rates.

   5-2. Contractual adjustment: An adjustment based on the uncollectable value of service rendered to a recipient which represents the difference between the full established rates for individual services and lower contractual rates.

GLOSSARY

A LA CARTE RATE: A rate based on a specific itemization of services received by a recipient (even though the cost value of such services may be based on the average).

ACCOUNTANT (fiscal officer): A person who works with or is in charge of accounting activities.

ACCOUNTING: The systematic recording and summarizing of business and financial transactions and analyzing, verifying and reporting results. Includes patient accounts.

ACTIVE RECIPIENT: A recipient currently under the status of receiving direct services in the first through fourth order of interaction.

ADJUSTMENTS TO REVENUE: Both positive and negative adjustments to revenues such as donated service discounts, contractual adjustments, administrative adjustments and allowance for bad debts.

ADULT ACTIVITY SERVICE: A service designed to involve patients and participants in pursuing hobbies, playing games, serving, cooking, etc. The distinction between this and vocational rehabilitation is that none of the skills acquired would qualify the patient for paid employment.

ADMINISTERING AGENCY: The individual, group or corporation appointed, elected or otherwise designated in which ultimate responsibility and authority are vested for the conduct of the program, organization or organizational unit.

ADMINISTRATIVE ASSISTANT: A person who assists an administrator or is assigned certain routine administrative tasks which assist the administrator.

ADMINISTRATIVE OFFICER, CHIEF: A person appointed by the administering authority who has responsibility for directing a program and managing the resources for it.

ADMINISTRATIVE RESEARCH: Systematic observations or studies of the operations of organizations or their parts in relation to specific categories of interest (models of decision-making, flow of information, human stress and organizational change).

ADMINISTRATIVE STAFF: Staff members who provide the intraorganizational services (functions or support services) to clinical staff and to the organization itself.

AFFILIATION: Working relationships between organizations which are developed through contracts or agreements (usually written) for exchange or provision of services, training of staff, scientific advancement, professional counsel or administrative support.

ALCOHOL OR DRUG ADDICTION COUNSELOR: An individual often having had personal experiences in alcohol or drug addiction who works in a variety of counseling capacities with alcohol or drug abuse programs.

AUTHORITY: The explicit official or legal power or sanction which furnishes the grounds or justifies the provider organization's program.

BASIC RESEARCH: Systematic observations or experiments regarding throught, emotion or behavior in general or in relation to specific categories of disability (i.e., schizophrenia, mental retardation).

BASIC PROFESSIONAL EDUCATION: Experiences provided as practicum, field experiences, internships, residency training, etc. as part of the basic formal education leading to a degree.

BEHAVIOR MODIFICATION: The modification of individual behavior through systematic application of learning theory and principles. Includes application of operant conditioning techniques--the Skinner-Lindsley principles of systematically strengthening certain responses and weakening others--and of behavior shaping through differential reinforcement.

BLOCK: A well-defined piece of land bounded by streets or roads, railroad tracks, streams, other features on a map, or by invisible political boundaries.

BLOCK GROUP: Combination of blocks, approximately equal in area, which do not cut across census tract lines.

BLOCKFACE: A boundary segment of a block. A city block has a blockface on each side, usually with a range of house or building numbers.

BOARD CERTIFIED PSYCHIATRIST: A fully trained psychiatrist who is certified by the American Board of Psychiatry and Neurology, Inc.

BOARD ELIGIBLE PSYCHIATRIST: A psychiatrist who is fully trained and experienced, but has not yet been certified by American Board of Psychiatry and Neurology, Inc.

Glossary

BUDGETING: Planning and allocation of fiscal resources to own organizational units, services and activities.

BUILDING AND LAND: The land, off-site capital utility improvements, roads, sidewalks, on-site capital improvement, and buildings which are available for use by the organization for its activities, functions and program.

BUILDING EXPENSES: Building rental, repairs, depreciation, light, heat, water and related building and land operating expenses.

BUSINESS OFFICER: A person who directs the supportive and fiscal services for a mental health program. This includes budget preparation and paying and accounting, purchasing, supply and inventory control, etc. It often also includes supervising food preparation, housekeeping and maintenance operations.

CARE SERVICES: Services related to providing for generic human needs for shelter, food, income, transportation and supervision.

CASE REVIEW: Staff conferences and case discussions of review to determine the assignment or reassignment of cases and appropriateness of treatment. Includes formal utilization review.

CASE-ORIENTED CONSULTATION: Consultation, the purpose of which is to assist the consultee in providing services to a specific client (individual, family group or therapy group) of the consultee.

CATCHMENT AREA: Geographical division from which recipients are admitted to a specified mental health organization for services. This usually refers to an area served by an organization.

CENSUS TRACT: Small permanent areas into which large cities and adjacent areas have been divided for the purpose of showing comparable small-area statistics. Census tract boundaries are determined by a local committee and approved by the Census Bureau. Census tracts conform to county lines and are designed to be relatively homogeneous in population characteristics, economic status and living conditions. The average tract has about 4,000 inhabitants.

CHAPLAIN OR PASTORAL COUNSELOR: A clergyman with special training in counseling persons with emotional problems.

CHARACTERISTICS OF RECIPIENTS OF INDIVIDUAL-ORIENTED SERVICES: The descriptive qualifiers which further classify the recipient or, which singly or in combination, will uniquely identify or describe him, or which show his relation to the organization at a specific time.

CHEMOTHERAPY: Treatment by the use of medications. Includes tranquilizers, antidepressants, anticonvulsants, sedatives, etc.

CLINICAL PROGRAM ADMINISTRATOR: A person who has responsibility for directing a clinical program or unit. (Medical director, clinical director, unit director)

CLINICAL OR COUNSELING PSYCHOLOGIST: A practitioner trained in psychological techniques including personality, aptitude, intelligence or memory testing, therapy, counseling, behavior modification and research.

CLINICAL RESEARCH: Systematic experiments to determine the causes, treatments and rehabilitation of various disabilities.

COLLATERAL TREATMENT OR COUNSELING: Treatment of the patient through interviews beyond the diagnostic level with collateral persons, such interviews centering around the patient's problems without the patient himself necessarily seen. Includes treatment of a child by working with the parents or the treatment of an oldster by working through family members.

COMMUNITY CARETAKERS: Individuals such as clergymen, lawyers, or family physicians who enroll in educational activities provided by a mental health program.

COMMUNITY-ORIENTED SERVICES: Services provided to representatives of other organizations, individual practitioners or to the general public, related to alcohol abuse, drug abuse, mental retardation, mental health in general or to related aspects of their recipients or programs.

COMMUNITY-ORIENTED SERVICE RECIPIENTS: Individuals or agents to whom community-oriented services are provided (Synonym: indirect service recipient) The recipients above may further be classified according to whether they are facilities/

agencies, organization/groups or private practitioners, and may be identified by additional words specifying exactly which agency, group or individual in the community is referred to.

COMMUNITY PLANNING AND DEVELOPMENT: Participation as a representative of an alcohol, drug abuse, mental retardation or mental health organization with community leaders, organizations and citizen groups, to plan for the enhancement and enrichment of the community and develop solutions for community problems.

CONSULTATION: A process of interaction between a staff of the organization (consultant) and representative(s) of another organization or individual practitioner (consultee) to assist the consultee, to impart behavioral science knowledge, skills or attitudes, and to aid the consultee in carrying out his mission(s).

CONTINUING EDUCATION: Short courses, workshops, etc., to update or enhance the clinical competencies of staff.

CONTRACTUAL ADJUSTMENT: An adjustment based on the uncollectable value of service rendered to a recipient which represents the difference between the full established rates for individual services and lower contractual rates.

CONTRACTUAL EXPENSES: Services purchased from another organization.

COST-FINDING: A system or method of allocating and reallocating costs from a point of data collection or original expenditure into different sets or subsets of costs, to charge all relevant costs--direct, indirect, or unassigned--to other organizational units or final producing cost centers.

COUNSELING PSYCHOLOGIST: A psychologist whose special competence is in counseling clients, testing the interests of and giving professional guidance to individuals.

COUNTY: A primary political and administrative division of a state. In Louisiana these divisions are called parishes. In Alaska there are no counties and census statistics are shown for its election districts which are equivalent to counties.

COUNTY-CITY-LOCAL FUND REVENUE: Revenue received as authorized by any act of county, city or multi-level boards; legislative or executive branches of such governments other than fees in payment for specific services rendered.

COUPLE THERAPY: Treatment of intimate partners but excluding other significant family members, children or siblings. Includes married and "unmarried" couples.

DATA MANAGEMENT: Information collection, analysis and use of data and information designed to monitor and assess the functioning of the program, including routine statistical reporting or recipient characteristics, costs, efficiency, community characteristics, service loads and program efforts.

DEATH: (Specify level at time of death.) A change by the fact of a person's dying while in a recipient-status.

DEGREE OF IMPROVEMENT: A judgment of the degree of change in the recipient's condition. This is the traditional way of classifying recipient's results.

DEPARTMENT: Organizational unit whose purpose is to provide administrative and supportive services to the organization itself.

DETOXIFICATION: Treatment by use of medication, rest, fluids and nursing care to restore physiological function after it has been upset by toxic agents such as alcohol or barbiturates.

DIDACTIC: Formal teaching in context of lectures, seminars, case conferences.

DIRECT COSTS: The costs that are charged directly to the organizational unit originally making the expenditure, regardless of their later reallocation (if any) to other organizational units or final producing cost centers.

DISCONTINUATION: (Specify level or combination of levels recipient is leaving). A "discontinuation" refers to the change of a person, other than by death, by removal from, leaving or discontinuing a recipient-status directly or through another person acting for him, in a specified level in a mental health system.

DIVISION: Organizational unit whose primary purpose is to recipients other than the organization itself.

DOMICILIARY SERVICES: A supervised residential program to provide an individual with total living care.

DONATED SERVICE DISCOUNT: An adjustment based on the uncollectable value of service

rendered to recipients who are financially unable to pay full established rates.

DONATIONS: "Revenue" which represents free contributions from individuals, corporations, charitable organizations, united community chests, foundations and others, other than above.

DOWN TIME: Activities which are not productive of individual-oriented, community-oriented, intraorganization-oriented, or manpower training and education services.

DUAL RATE: A rate which explicitly includes both 1) a fixed inclusive rate element unique to the type of service or program and 2) an a la carte rate element specific to the amount of time or specifically prescribed procedures or transactions provided the recipient.

DUAL RESOURCE AFFILIATIONS: a) Contractee pays salaries or operating expenses of affiliate's organization for work or use at the affiliate's site; b) contractee's own staff, equipment, or materials are authorized for work or use at the affiliate's site.

EDUCATION AND VOCATIONAL EVALUATION: Evaluation to determine an individual's academic or vocational interests, aptitude, achievements.

ENUMERATION DISTRICT (ED): An area with small population (averaging 700) defined by the Census Bureau and used for the collection and tabulation of population and housing census data.

EQUIPMENT: The fixed, major movable or minor machinery, fixtures, articles, vehicles, apparatus, "things" and furniture which have a relatively long useful life and are not consumed in the course of a program.

EQUIPMENT EXPENSES: Equipment used, rental, repairs and depreciation expenses.

EVALUATIVE RESEARCH: Utilization of scientific research methods and techniques or the purpose of evaluating a program.

EXPENSES: The amount of resources, expressed in money, consumed in producing a service or carrying on an activity. (The service potential of the resources has been released and transformed into an expense.)

FACE-TO-FACE CONGREGATE COMMUNITY SESSION: Contact through continuous face-to-face group life or group living in a structured community setting.

FACE-TO-FACE GROUP INTERACTION CONTACT: Contact through face-to-face interaction, in person, with two or more people in which group interaction is one of the primary outcomes planned.

FACE-TO-FACE INDIVIDUAL CONTACT: Contact through face-to-face interaction with individuals and small groups (two, three or four people) where group interaction is not planned.

FACE-TO-FACE PRESENTATION TO GROUPS: Contact through lecture, speech or presentation to groups, where group interaction is not necessarily or primarily intended.

FACILITY: The plant, including buildings, grounds, supplies and equipment which are used or occupied by the organization or one of its units.

FACILITY MANAGEMENT: Day-to-day operations of the buildings, offices and grounds, including the maintenance, housekeeping, feeding, logistics, supply and related activities.

FAMILY TREATMENT OR COUNSELING: Treatment applied to the family as a unit. (All or significant members of the family are considered as recipients. This excludes groups of families and/or groups of married couples.)

FEDERAL FUND REVENUE: Revenue received as authorized by any act of Congress or the Executive Branch of the federal government, other than fees in payment for specific services rendered.

FEE: The net charge, expressed in money, which represents that portion of the set rate (9-E), plus or minus adjustments, if any, which is billed to the recipient or third party payer.

FEE-FOR-SERVICE AFFILIATIONS: a) Affiliate directly bills the recipient or third party payer but receives no payments from the contractee; b) affiliate bills contractee, who in turn may or may not bill recipient or third party payer.

FEES FOR SERVICE: Revenue earned from charges made to recipients of services of the organization, including that portion paid by third party payers such as Medicare,

Medicaid, compensation insurance, commercial insurance and other payers. This includes contract fees.

FIFTH ORDER INTERACTION: Intermittent delivery of services to a recipient on suspended, postponed or inactive status. Includes persons on waiting list, long term leave, provisional discharge or in a prepayment program status.

FIRST ADDITION: (Specify level or combination of levels coming into.) A "first addition" refers to the change of a person from having had no prior recipient-status in a specified level in a mental health system to having current recipient status.

FIRST ORDER INTERACTION: Continuous delivery of services to a recipient on a 24-hour basis in the service setting. Includes inpatient and resident care status.

FIXED COSTS: The costs which remain constant in total amount regardless of the level or fluctuation in the volume of program activity.

FIXED FEE AFFILIATIONS: a) Affiliate bills contractee at a fixed fee per calendar period regardless of services provided to recipient; b) affiliate bills contractee at a fixed rate or per cent per calendar period, based on a variable such as staff hours expended, per cent bed occupancy, or other indirect indicator; c) contractee pays affiliate a lump-sum one-time payment for the performance of services.

FOURTH ORDER INTERACTION: Intermittent or brief services to a recipient on an unscheduled or casual contact basis. Includes walk-in contacts, unscheduled consultations and telephone calls status.

FULL RATE: The full established cost value, expressed in dollars, of the services rendered to recipients.

FUND RAISING: Promoting or lobbying for allocation of funds for own programs.

FUND REVENUE, OTHER: Revenue, other than donations, received from any other source than fees, federal, state, or local government sources, including gains on sale of assets, interest earned and miscellaneous other income, other than fees in payment for specific services rendered.

GENERAL (and special): "General" refers to facilities that provide treatment and care to persons who have a variety of medical conditions (e.g., a general hospital); "special" refers to facilities that provide treatment and care to persons who have specified medical conditions (e.g., a psychiatric hospital).

GENERALIZABLE RESEARCH: The study activities performed by staff of the organization for the production of scientific knowledge through testing of theories where it is the intent to follow scientific principles so that finding may be generalized beyond the immediate data or situation, or where the findings may be so general as to be only remotely germane to the immediate situation.

GEOGRAPHIC AREA RESIDENTS: The inhabitants of the total or subdivisions of the country who can be specified as living within identifiable boundaries.

GOAL (objective): A reality-constrained, time-specific, problem-oriented statement which specifies the desired change or end-state which an organization seeks to bring about. (Example: To educate all Portage County residents arrested for driving while under the influence of alcohol)

GOAL ATTAINMENT: Goals are set for each individual or community. Goals may be set in various terms such as "resolution of problems," "full employment," "independent social living," "reduced incidence of truancy." The extent to which the goal has been attained is then rated.

GROUP TREATMENT OR COUNSELING: Treatment by the use of group dynamics or group interaction. Includes group psychotherapy, group psychoanalysis, group play therapy, psychodrama, groups of families and/or groups of married couples, but excludes family therapy and group orientation, group intake or group diagnostic procedures.

HEARING EVALUATION: An evaluation to determine the cause and extent of hearing disorders and need for corrective work.

INACTIVE RECIPIENT: Individual for whom the organization has a defined responsibility by virtue of contract or charge (HMO, group insurance, welfare, clients, etc.) but who is not currently active or receiving services.

INCLUSIVE RATE: A periodic uniform rate, with variation for major type of service or program, established without regard to the specific level of utilization and without

specific itemization of services received by a recipient.

INCOME MAINTENANCE: A service designed to provide the recipient with sufficient money or in-kind income to maintain a reasonable standard of living.

INDIGENOUS WORKER: A person whose primary qualification is his personal experience in the culture of the persons he serves, who works in a variety of counseling and behavior changing techniques in mental health programs or as an advocate for the clients of such programs.

INDIRECT COSTS: The costs that are reallocated from the organizational unit originally making the expenditure to another organizational unit which controls or influences the cost.

INDIVIDUAL TREATMENT OR COUNSELING: Treatment by individual interview. Includes supportive psychotherapy, relationship therapy, uncovering or insight psychoanalysis, counseling, play therapy, hypnotherapy (with or without the use of drugs) and casework treatment.

INDIVIDUAL-ORIENTED SERVICES: Services provided directly to a specific client (individual, collateral, family group or therapy group) in relation to their own positive mental health or to their own alcohol abuse, drug abuse, mental retardation or mental disorder problem.

INDIVIDUAL-ORIENTED SERVICE RECIPIENTS: Individuals for whom help is sought, families, collateral persons, therapy groups.

INFORMATION: Services which provide information about availability of services. Such services include crisis and information centers, 24-hour emergency (non face-to-face services and similar activities.

INFORMATION, SCREENING, REFERRAL: Services related to the availability, linkage, recipient's eligibility or suitability for own or other's programs.

IN-SERVICE EDUCATION: A systematic preparation of staff for the basic work they will perform in the agency.

INTERACTION INTENSITY: Degree of involvement and continuity between the recipient and provider of service.

INTERSTATE AREA: Combination of areas from two or more states such as Mid-Atlantic, East South Central, etc.

INTRAORGANIZATION SUPPORT FUNCTIONS: The activities or functions performed by or for the organization in which the direct recipient is the organization itself, and directed toward the support, maintenance and development of the organization itself.

INTRASTATE PLANNING AREA: A region within a given state usually comprising one or more counties with the division such that natural boundaries such as rivers or mountain ranges tend to give a certain economic or geographic homogeneity.

LAW: A statute enacted by a legislative branch, including the body of common law developed from judicial branch decisions, which expresses the binding custom, practice, conduct or action of an authority.

LEGAL STATUS: The legal authority, if any, by which a recipient enters and is held in a service-receiving status; there is considerable variation from state to state by differing statues. (Synonym: type of commitment)

LICENSED PRACTICAL OR LICENSED VOCATIONAL NURSE: A licensed nurse who has one year of practical nursing training.

LONG-TERM FACILITY: A long-term facility is defined as one in which over 50 percent of all patients admitted stay more than 30 days. However, in facilities such as residential drug units, different time durations may constitute long-term.

MANPOWER TRAINING ORIENTED SERVICES: A structured educational process of imparting job-related knowledge, skills and attitudes to individual practitioners and members of your own or of other organization (regular staff, volunteers, students or indigenous workers), to directly increase the recipient(s) knowledge, skills, attitudes or work effectiveness.

MANUAL, PHYSICAL AND RELATED TRANSACTIONS: Physical operation of equipment, machines, tools or appliances or physical handling of materials, supplies and other objects.

MEAL SERVICE: A service designed to provide the necessary food and nutritional requirements of the recipient in prepared meal.

MEDICAL SPECIALIST, OTHER: A physician who is specially trained or certified in one of the various specialties--radiologist, internist, pathologist, etc.

MEDICAL-SURGICAL SERVICE, OTHER: Other medical, dental or surgical procedures directed to general physical health.

MENTAL HEALTH AIDE OR ASSISTANT: A New Careers level mental health worker with only in-service education or technical school education who works in a community mental health program under the supervision of professionals.

MENTAL HEALTH MANPOWER TRAINING RECIPIENTS: Individuals, groups or organizations who receive the educational and training services of a program.

MENTAL HEALTH NURSE: A registered nurse who specializes in working with communities about the public health aspects of persons with emotional problems or about the prevention of such problems.

MENTAL HEALTH TECHNICIAN (mental health associate): A person with 1 or 2 years of formal training (perhaps an associate degree) who carries out a range of individual and community-oriented services in mental health programs.

MENTAL HEALTH WORKER: A paraprofessional worker with an associate degree or other training or experience in mental health who performs a variety of techniques on behalf of patients and their families either in institutions or in communities. These persons work in an organized system under the general supervision of other mental health professionals.

MILIEU THERAPY: Treatment by a structured total physical, psychological and social environment to meet the needs of the individual or group of recipients.

MISSION: A general group of program objectives which have one or more characteristics in common. (Example: alcohol preventive mission)

MONEY: Cash, investments, receivables, and budgeted-to-be-received operating funds which are available for use by the organization for its activities, functions and program.

MOVEMENT CHANGES OF RECIPIENT OF INDIVIDUAL-ORIENTED SERVICE: The progress of an individual in or out of a system, from one recipient category to another, or from one program, organizational unit, site or interaction intensity status to another.

MUTUAL INTEREST AFFILIATIONS: a) Contractee and affiliate, in consortium, receive operating or capital construction monies from a common funding agency based on agreement to cooperate in their mutual use; b) contractee and affiliate share salaries and other operating or capital expenses to perform work of benefit to each or to mutual recipients; c) each--the contractee and affiliate--bears own expenses with no exchange of monies, but agree to the free flow of recipients between them, the sharing of records and information, and the continuance of staff responsibility for recipients regardless of location.

NEUROLOGICAL EVALUATION: A complete examination of the central, peripheral and sympathetic nervous system, noting observations and findings supplemented by diagnosis, if indicated.

NEUROLOGIST: A physician who is specially trained in the diagnosis and treatment of diseases of the nervous system.

NEWSPAPERS, MAGAZINES: Contact through mass media messages in newspapers, magazines, journals, newsletters and other regular or special news publications.

NON-WORK ACTIVITIES: Activities that do not directly relate to the staff's responsibilities or the organization's programs, objectives or goals.

NURSE: A practitioner of nursing who is registered or licensed in nursing by state law.

NURSE, REGISTERED: A nurse who is registered to practice nursing by a state board of nurse registration.

OBJECTIVE (goal): A concise description of a desired end state sought at a specified future point in time, related to a human need. (Example: reduce alcohol-related motor vehicle deaths 20% by 1975.)

OCCUPATIONAL THERAPIST: A practitioner trained in occupational therapy who uses arts and crafts techniques in the treatment and rehabilitation of patients.

OFF DUTY OR DOWN TIME ACTIVITIES: Sick leave, vacation, compensatory time off, meal or break time activities, waiting and other personal non-work activities.

Glossary

ON CALL: Prearranged waiting, holding oneself available for potential demands or requests for services.

ON LEAVE: Time spent away from work while on vacation, sick leave, compensatory time, administrative leave, military leave, jury duty and miscellaneous absences or tardinesses.

OPERATING EXPENSES, OTHER: Printing, publications, subscriptions, dues, fees, licenses and other related expenses.

OPERATING SUPPLIES: Supplies, articles and materials used and related expenses.

ORGANIZATION: An administrative and functional structure and a grouping of persons within that structural entity defined by law, charter, license, contract and agreement to carry out enunciated purposes or missions.

ORGANIZATIONAL UNIT: A component of the organization established for the delivery of services to which specific resources are assigned.

ORGANIZING: Establishing conceptual relationships among component staff and units of the organization, services and resources, as a necessary precedent to action.

ORIENTATION PROGRAMS: Orientation to the objectives and procedures of the agency.

OUTPUT UNITS: Amounts of services provided expressed in terms of adopted units of services reflecting the costs of resources expended.

PERSON HOURS: Hours and minutes of staff time expended.

PERSONAL: Activities related to coffee, lunch and rest breaks.

PERSONAL ADJUSTMENT TRAINING: Provision of training in self-help and motor skills, habit training, self-care training, toilet training, activities of daily living and social development preliminary to special education or other placement.

PERSONAL CARE: A service designed to assist a recipient perform the routine tasks of daily living such as bathing, hair care, mouth care, feeding, personal hygiene, toileting, shaving, dressing, grooming and escorting on foot.

PERSONNEL: The clinical and administrative staff employees, volunteers, consultants and residents/students-in-placement who are available to perform the activities and functions of a program.

PERSONNEL EXPENSES: Salaries and wages, employee benefits and consultant fee expenses.

PERSONNEL OFFICER: A person who recruits staff, prepares payrolls, maintains personnel records, manages grievance procedures and performs related personnel functions.

PHYSICAL EVALUATION: A complete examination of the body noting observations and findings, supplemented by diagnosis, if indicated.

PHYSICIAN: An individual who is licensed to practice medicine.

PHYSICIAN, GENERAL: A physician who is licensed to practice general medicine.

PLANNING AND EVALUATION OFFICER: A person who estimates, projects and identifies trends and needs of the program and the community, initiates plans for program changes to meet these needs and evaluates the degree of success in meeting needs.

POLICY: A statement of philosophy and direction which guides the conduct of the organization.

POTENTIAL RECIPIENT AT LARGE: Individual who has no relationship to the organization unless or until a situation arises for which services are required. (i.e., catchment area target population)

POTENTIAL RECIPIENT CONTACT: A recipient under the status of receiving information/screening/referral services. (Synonym: information-referral-screening recipient, inquirer, pre-patient.

PRACTICUM: Supervision and informal teaching of trainees in the course of their assigned experience with recipients (including rounds, team meetings).

PREPARATION FOR TRAINING: Course design, preparation for presentations, reading.

PRESENTING PROBLEM: This is typically presented from the viewpoint of the client rather than from in-depth psychopathological interpretation of staff: work, social relations, physical complaints, sexuality, suicide, anxiety/depression, alcohol/drug abuse, psychopathologic symptoms, etc.

PROBLEM EVALUATION, EXAMINATION, ASSESSMENT: Services related to identifying the detailed nature and extent of the recipient's condition and formulating a plan for services.

PROBLEM EVALUATIONS, OTHER: Many other problem evaluations not unique to mental health are also provided (e.g., laboratory, dental, electroencephalogram, etc.).

PROBLEM RESOLUTION: The presenting problem of individuals or the community are categorized and rated as to whether the problems have been mitigated. (Example: less frequent bed wetting, decreased suicidal rate)

PROCEDURE: A particular series of operational steps to be followed in order to implement a policy.

PROGRAM: A set of related organizations, resources, and/or program transactions directed to the accomplishment of a defined set of objectives for a specified target population or a specified geographic area.

PROGRAM AND ORGANIZATION DEVELOPMENT: Sessions for developing and implementing new program directions for the agency.

PROGRAM APPROPRIATENESS: The extent to which programs are directed toward those problems that are believed to have the greatest importance, based on the philosophy and the value systems of decision-makers.

PROGRAM CLINICAL STAFF AND TECHNOLOGISTS: Staff members who are licensed or otherwise qualified to provide individual-oriented, community-oriented, manpower development or research services of the program.

PROGRAM EFFICIENCY: The cost in resources of attaining objectives; the relationship between effort and effect, or input and output; evaluation in terms of cost (money, time, personnel, public convenience); a ratio between effort and achievement, the capacity of an individual, organization, facility, operation or activity to produce results in proportion to the effort expended.

PROGRAM EFFECTIVENESS: The extent to which pre-established program objectives are attained as a result of program activity; the results of effort relative to an immediate goal; the degree or extent to which success is achieved in resolving a problem.

PROGRAM EFFORT: The quantity and quality of activity that takes place or of resources that are consumed.

PROGRAM EVALUATION: Determining the degree to which a program is meeting its objectives, the problems it is encountering and the side effects it is creating.

PROGRAM OUTCOME: The effects achieved for a target population by a program.

PROGRAM PLANNING: The process of designing and adjusting the organization's program activities and services to its program purposes, objectives, goals and priorities.

PROGRAM PURPOSE: A general statement of intent about a range of human needs or problems of a target population to which an organization addresses its services.

PROGRAM SIDE EFFECTS: All effects of program operation other than attainment of objectives. These side effects may be desirable or undesirable and may be anticipated or unanticipated.

PROGRAM-ORIENTED CONSULTATION: Consultation, the purpose of which is to assist the consultee in planning and developing his program or in solving his own program system problems.

PSYCHIATRIC AIDE, PSYCHIATRIC TECHNICIAN OR ATTENDANT: A worker who provides ward level psychiatric care and treatment to mental patients often under supervision of a nurse after a period of inservice training.

PSYCHIATRIC EVALUATION: The psychodiagnostic process, including a medical history and mental status, which notes the attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in a descriptive (but not an interpretative) fashion; impressions and recommendations.

PSYCHIATRIC NURSE: A registered nurse who specializes in working with psychiatric patients.

PSYCHIATRIC RESIDENT: A physician still in specialty training to become a psychiatrist.

PSYCHIATRIC SOCIAL WORKER: A social worker who specializes in work with mental patients and their families.

PSYCHIATRIST: A physician who is trained in the diagnosis and treatment of mental disorders.

PSYCHOANALYST: A psychiatrist who has special training in and uses the technique of

psychoanalysis with his clients.

PSYCHOLOGICAL EVALUATION AND TESTING: The evaluation of cognitive processes and emotions and problems of adjustment in individuals or in groups, through interpretation of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics, including the interpretation of psychological tests of individuals.

PSYCHOLOGICAL TECHNICIAN: A person trained in psychology who performs limited psychological functions under rather close supervision.

PSYCHOMETRIST: A psychologist who specializes in tests of measurement such as intelligence tests.

PSYCHOSOCIAL EVALUATION: The determination and examination of the social situation of the individual related to family background, family interaction, living arrangements, psycho-/or socioeconomic problems, treatment evaluation and statement of future goals and plans.

PUBLIC INFORMATION AND PUBLIC EDUCATION: A one-way educational process of imparting knowledge to and changing attitudes of the general public, segments of the population or special target groups to increase understanding of positive mental health and mental disorder and availability of resources.

PUBLIC INFORMATION OFFICER: A person who prepares and disseminates information regarding the program for the public media, the general public and for special publics. He may also have public relations responsibilities for assuring an accurate image of the program.

PUBLIC RELATIONS: Activities for developing reciprocal understanding and goodwill between the organization and the public, other organizations, and other alcohol, drug abuse, mental retardation and mental health programs.

PURCHASING AGENT: A person who purchases supplies and equipment.

READDITION: (Specify level or combination of levels coming into.) A "readdition" refers to the change of a person (who has had prior recipient-status on a specified level in a mental health system) from no immediate prior recipient-status to having current recipient-status.

RECIPIENT: A person, family, collateral person, group, organization or general public who receives or is eligible for the services of a specified organization by virtue of membership in the largest population.

RECIPIENT DAYS (patient days): Days (or fractions) of recipient (patient) time expended.

RECIPIENT OF MANPOWER TRAINING: Students from institutions of higher education, staff of own agency, community caretakers, other agency's staff.

RECIPIENT REIMBURSEMENT STATUS: The source from which an organization is reimbursed for services provided to a recipient. (Synonym: pay status)

RECIPIENT SATISFACTION: Reports by individuals or community recipients regarding their degree of satisfaction or improvement.

RECORD-KEEPING, OTHER: Preparation, updating, filing, retrieval, and use of records related to office communications, work flow, scheduling and facility operations.

RECORDS MANAGEMENT: Patient-client clinical records: Preparation and updating of health and other records necessary for the provision of individual-oriented services, including scoring and report writing related to psychological tests. Include notating in clinical records by staff.

RECORDS OFFICER, CLINICAL: A person responsible for the organization and maintenance of clinical records of recipients. (Medical record administrator in hospital unit)

RECREATION THERAPIST: A practitioner who uses recreational skills and techniques in the treatment and rehabilitation of patients.

REFERRAL: Services which direct, guide or link the recipient to other appropriate community resources.

REFERRAL SOURCE: The individual, agency or group who recommended service to recipient or recipient to service.

REGULATION: A rule or order having the force of law issued by an executive branch of government to control custom, practice or conduct.

REHABILITATION, RESTORATION, HABILITATION SERVICES: Services related to preparing or training a person to function within the limits of the original or residual disability by the acquisition, return or accommodation to loss of skills, knowledge.

RESEARCH OR PROGRAM ANALYST: A person who plans, organizes, performs studies and prepares reports about the program's effectiveness and efficiency or does independent research studies.

RESOURCES: The personnel, equipment, supplies, physical structures and money, owned or controlled, which are the source of supply or support of the operation of an organization.

REVENUES: The amount of all potential income, at the program's full established rates, of all services rendered to recipients, regardless of the amounts actually paid by or on behalf of the recipient, including both fee and fund revenues.

ROOM AND SHELTER: A service designed to provide the necessary sleeping and living space to the recipient.

RURAL PLACE: That portion of some area which is not classified as urban.

SCREENING: Activities which determine the type and extent of the problem of the individual seeking help, conducted by persons competent to make such judgements.

SECOND ORDER INTERACTION: Continuous delivery of services to a recipient for a substantial portion of a 24-hour period in the service setting. Includes day, night, weekend, half-way, quarter-way, millieu and therapeutic communities, classes and conferences, etc...status and may be subclassified accordingly.

SERVICE MISSION: One or more related activities or transactions between the recipient and provider, or on behalf of the recipient or a third party, which is intended to produce a defined outcome.

SESSION: Face-to-face staff-to-group. (See Part 6-B.)

SET RATE: The established charge which to varying degrees reflects the cost value of the services provided to recipients.

SHELTERED WORK: A service in which the handicapped may receive 1) work evaluation; 2) social and personal adjustment training; 3) vocational skill training; 4) extended employment either in transition to outside employment or as a terminal work adjustment (may be reported separately).

SHORT-TERM FACILITIES: A short-term facility is one in which over 50 per cent of all patients admitted stay less than 30 days. However, in facilities such as residential drug units, different time durations may constitute short-term.

SITE: The local place or scene at which the provider staff are present at the time services are delivered.

SIXTH ORDER INTERACTION: Receiving no services of any kind but has the status of being a member of the target population.

SOCIAL REHABILITATION SERVICE: The process of helping an individual in his psychosocial adjustment by learning or relearning social skills. Includes occupational therapy, industrial therapy, recreational therapy, resocialization programs and music therapy.

SOCIAL WORK CASE AIDE OR TECHNICIAN: A practitioner who works under the supervision of a social worker to carry limited social work responsibilities.

SOCIAL WORKER: A practitioner specially trained in social and community techniques to help families and patients with their social problems and adjustment to community.

SOCIAL WORKER, GENERIC: A practitioner with an MSW or Bachelor's degree in social work, but not specialized.

SOCIO-EPIDEMIOLOGICAL RESEARCH: Studies to determine incidence and prevalence of various disabilities and problems related to socioeconomic and epidemiological factors.

SOMATIC TREATMENT: Treatment of mental disorder by the use of physical procedures other than chemotherapy or detoxification. Includes electroconvulsive therapy, insulin therapy, narcotherapy, hydrotherapy, etc.

SPECIAL EDUCATION AND TUTORING SERVICE: Training and teaching of the mentally retarded and emotionally disturbed to increase their social, academic and vocational skills.

SPECIAL TEACHER: A certified teacher with special preparation for working with the mentally retarded, emotionally disturbed or children with special learning disabilities.

SPECIAL THERAPISTS, OTHER: Practitioners who use specific skills and techniques in the treatment and rehabilitation of patients. (They may be classified by the technique such as art, music, drama, etc.)

SPEECH AND HEARING THERAPY: Corrective work for such disorders.

SPEECH EVALUATION: An evaluation to determine the c se and extent of speech disorders and need for corrective work.

STAFF: The personnel or combination of personnel who perform the activities and functions that comprise the services of a program.

STAFF ENHANCEMENT: Professional advancement or enrichment for the benefit of the recipients.

STAFF-ORIENTED CONSULTATION: Consultation, the purpose of which is to improve the knowledge, skills, attitudes or insights of the consultee himself, or to help him with crises associated with his emotional or related problems.

STAFFING-RECRUITING: The classifying, specifying, recruiting, selecting, placing and promoting of the organization's personnel.

STANDARD: A state or condition accepted as a minimal or exemplary condition, appearing in law, regulation or policy.

STANDARD METROPOLITAN STATISTICAL AREA (SMSA): Consists of a county or group of counties containing at least one city (or "twin cities") having 50,000 inhabitants or more (central city), plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. The name of the central city is used as the name of the SMSA. In New England, SMSA's are defined in terms of cities and towns.

STATE: The major political units of the United States.

STATE FUND REVENUE: Revenue received as authorized by any act of state legislatures or executive branches of state governments other than fees in payment for specific services rendered.

STATISTICIAN: A person responsible for gathering, maintaining, analyzing, reporting and interpreting aggregate data about the recipients, staff and services of a program.

STEP-VARIABLE COSTS: The costs which vary over a wide range of program activity but do not fluctuate directly in proportion to some measure of program activity.

SUITABILITY DETERMINATION: Services intended to provide information about the availability or eligibility of a person for another organization's services.

SUPERVISED OBSERVATION: A service designed to provide the recipient with a protective, concerned observer, to gather information or to protect the recipient from harming himself, others or material goods.

SUPERVISING-DIRECTING: The assignment of tasks and review of performance to see that personnel perform appropriately.

SUPPLIES: The expendable articles and materials such as office, wearing apparel, pharmaceuticals, housekeeping, dietary, fuel, audio-visual tapes, laboratory, testing, educational materials and supplies, etc.

SUPPLY OFFICER: A person who manages the inventories and stocks of supplies and equipment.

SUPPORT TRANSACTIONS, OTHER: Dictation, transcribing, case-recording, filing, typing, proof-reading, scheduling, billing, fee collection, drug dispensing, bookkeeping and related support transactions.

TARGET POPULATION: The population group or subgroup toward which the services of programs, organizations and organizational units are directed.

TEAM: Organizational units which consist of officially designated multi-disciplinary staff groups who coordinate and supplement their skills to provide services to recipients other than the organization itself, or the organization itself.

TEAM, EVALUATION: A team in which each specialist provides his specialty services as he feels they are indicated; evaluation decisions are made at team conferences.

CLINICAL TEAM: A team of clinical staff and technologists officially designated

who coordinate and supplement their skills to provide individual-oriented services to recipients other than the organization itself.

TEAM, CO-EQUAL: A team of workers in which there is no "captain," but each member is equal in making decisions. Roles of various team members may vary from day to day.

TEAM, MEDICAL (psychiatric) OR TREATMENT: A team of various professionals whose efforts are all directed by a physician or psychiatrist. This is the traditional treatment team.

TEAM, ONE-WORKER COORDINATED: A team in which the recipient has a single person, often a mental health worker, as his major coordinator for the decisions and activities of the team.

TEAM, REHABILITATION: A team of workers concerned primarily with the rehabilitation of the recipient and usually directed by a vocational counselor.

TECHNIQUES AND KNOWLEDGE: The sum of what is known and the technical methods for applying the body of knowledge, information and principles about mental illness, mental retardation, alcohol abuse, drug abuse and human behavior in general.

TELEPHONE INDIVIDUAL CONTACT: Contact by telephone with individuals and small groups to, from or about recipient.

TELEVISION, RADIO, MOTION PICTURE FILM OR AUDIO RECORDING: Contact through radio, television, film, or recording of lectures, panel discussion, interviews, demonstrations or documentary programs.

THERAPEUTIC COMMUNITY: Treatment by the use of continuous controlled congregate community living and manipulation of the community dynamics of the members of that community.

THIRD ORDER INTERACTION: Intermittent delivery of servcies to a recipient on a periodic scheduled short visit basis. Includes a scheduled outpatient service, regularly scheduled short training sessions and consultation status.

TRAINING OFFICER: A person who organizes and directs training functions such as orientation programs, in-service training, affiliate programs for professional students, continuing education and organizational development programs for staff.

TRANSACTION MODE: The generic method used by the provider staff in delivering services or performing support functions.

TRANSACTION UNITS: Simple count of the number of various services or steps carried out or completed.

TRANSPORTATION: A service designed to provide the recipient with the means to travel or to move about from place to place, by auto, bus or other conveyance.

TRAVEL: Physical movement from one location to another by auto, bus, rail or air transportation.

TREATMENT OR COUNSELING SERVICES: Services related to the reduction of disability or discomfort, amelioration of signs and symptoms and changes in specific physical, mental or social functioning.

UNITED STATES: Fifty states and the District of Columbia, excluding outlying areas of American Samoa, Canal Zone, Commonwealth of Puerto Rico.

UNRELATED MEETINGS, CONFERENCES, WORKSHOPS: Participation in such meetings, conferences or workshops that do not directly relate to the mission, objectives or goals of the organization.

URBAN PLACE: The term "place" refers to a concentration of population, regardless of legally prescribed units, powers or function. Urban places include all incorporated and unincorporated places of 2,500 or more and the towns, townships and counties classified as urban.

VARIABLE COSTS: The costs that are expected to fluctuate directly in proportion to some measure of program activity (such as the number of patients in beds; such as the number of patient-interviews).

VISITS: Face-to-face staff-to-others, individual contacts to include interviews and visits for the purpose of observation or visual inspection.

VOCATIONAL COUNSELOR: A practitioner trained in vocational testing and counseling who uses these techniques in the vocational and social rehabilitation of patients.

VOCATIONAL REHABILITATION, COUNSELING: Process to assist an individual in developing work skills, habits and attitudes and to assist him in job placement.

VOLUNTEER: A person who offers his services in a program free of charge. Most often these are part-time workers.

VOLUNTEER, GROUP: A person who provides his services as a member of a group (i.e., women's club, a fraternity, a church group). These services are often of a social or recreational kind.

VOLUNTEER, INDIVIDUAL: A person who offers his services as an individual (i.e., an art instructor, a foster grandparent).

VOLUNTEERS, DIRECTOR OF: A person who recruits, orients, assigns and assures the appropriate use of a volunteer staff.

WAITING: Unarranged waiting for an activity to begin.

WRITTEN MESSAGE, INDIVIDUAL: Contact by individual letter, memorandum, telegram or other written message to, from or about recipient.

WRITTEN, OTHER: Contact through special pamphlet, poster, brochure, leaflets, flyers, textbooks, instructional material, etc.

WRITTEN TEST, INDIVIDUAL: Contact through administration of a written or mixed oral and written test, examination or observation test.

ZIP CODE AREA OR ZIP AREA: A numbered area for directing and sorting mail. Zip areas are established by the U.S. Post Office and may change according to postal requirements.

APPENDIX A - EXPENSES - COSTS - REVENUES

I. EXPENSE ACCOUNTS

A. Mental Health Service Programs

1. Alternative A: assumes organizational structure exactly along lines of NIMH-identified Elements of Service.

600-619	Inpatient Service
620-639	Outpatient Service
640-649	Partial Hospitalization
650-659	Emergency Service
660-664	Consultation and Education
665-669	Diagnostic Service
670-674	Rehabilitation
675-679	Pre Care and After Care
680-684	Training
685-689	Research and Evaluation
690-699	Other

2. Alternative B: assumes organizational structure exactly along the following lines:

600-	Inpatient *
620-	Outpatient
660-	Consultation and Education
690-	Children
691-	Alcohol

* (Note: Partial hospitalization and emergency activities occur in the Inpatient Unit and therefore expenses of this Unit would be allocated by such methods as may be appropriate to the following subsidiary accounts:

600:01	24-hour Inpatient
600:02	Emergency
600:03	Partial hospitalization)

B. General Service Programs

800-829	Dietary
830-849	Building Maintenance and Expense
850-859	Housekeeping
860-869	Laundry
870-899	Other

NOTE: See "Accounting Guidelines for Mental Health Centers and Related Facilities," Western Conference on the Use of Mental Health Data, WICHE, David L. Salsbery, May 1971.

C. Administrative Programs

900-999	As needed

II. CATEGORIES OF EXPENSE--UNDER EXPENSE PROGRAMS

The fourth digit in each expense category should be:

.00-.09	Salaries and Wages
.10-.19	Employee Benefits
.20-.29	Professional Fees
.30-.39	Operating Supplies
.40-.49	Operating Expenses
.50-.59	Office Expenses
.60-.69	Travel and Transportation
.70-.79	Other Expenses
.80-.89	Building Expenses
.90-.99	Capital Outlay

III. SUBCLASSIFICATIONS OF EXPENSE--UNDER EXPENSE CATEGORIES

The fifth digit in each expense category should be:

A. Salaries and Wages	.00	Psychiatrist
	.01	Psychologist
	.02	Registered Nurse
	.03	Social Worker
	.04-.09	Other as needed
B. Employee Benefits	.10	Social Security (Employer's Share)
	.11	Group Life Insurance
	.12	Group Health Insurance
	.13	Retirement Plan Contributions
	.14	Workmen's Compensation
	.15	State Unemployment Compensation Insurance
	.16-.19	Other as needed
C. Professional Fees	.20-.29	As needed
D. Operating Supplies	.30-.39	As needed
E. Operating Expenses	.40	Publications and Subscriptions
	.41	Printing
	.42	Dues, Fees, Licenses
	.43	Equipment Repairs
	.44	Professional Meetings
	.45	Conventions, Seminars, Workshops
	.46-.49	Other as needed

F. Office Expense	.50	Telephone
	.51	Postage
	.52	Office Supplies
	.53	Office Machine Repair
	.54-.59	Other as needed
G. Travel and Transportation	.60	Auto Allowance
	.61	Personal Car Mileage--In State
	.62	Personal Car Mileage--Out of State
	.63	Public Transportation
	.64	Motels and Hotels
	.65	Meals
	.66-.69	Other as needed
H. Other Expenses		(Subclassifications Optional)
	.70	Work Study Program
	.71	Testing
	.72	Day Camps
	.73	Special Claims
	.74-.79	Other as needed
I. Building Expenses	.80	Repairs and Maintenance
	.81	Lights
	.82	Heat
	.83	Water
	.84	Rent
	.85-.89	Other as needed
J. Capital Outlay	.90-.99	As needed

IV. REVENUE ACCOUNTS

A. Fee for Service Revenue

1. Alternative A: assumes an organizational structure exactly along lines of NIMH-identified Elements of Service.

300-319	Inpatient
320-339	Outpatient
340-349	Partial Hospitalization
350-359	Emergency
360-364	Consultation and Education
365-369	Diagnostic
370-374	Rehabilitation
375-379	Pre Care and After Care
380-384	Training
385-389	Research and Evaluation
390-399	Other
.00-.99	Available under each account above

2. Alternative B: assumes organizational structure exactly along the following lines:

300-	Inpatient *
320-	Outpatient
360-	Consultation and Education
390-	Children
391-	Alcohol

* (Note: Partial hospitalization and emergency activities occur in the Inpatient Unit and therefore the following subsidiary accounts would exist:

300:01	24-hour Inpatient
300:02	Emergency
300:03	Partial Hospitalization)

B. Non-fee for Service Revenue

400-409	Federal Staffing Grants
410-419	Other Federal Funds
420-429	State Funds
430-439	County Funds
440-449	Local Funds
450-459	Donations and Fund Raising
460-499	Other Revenue
.00-.99	Available under each account above

C. Adjustments to Revenue

510-519	Donated Service Discounts
520-529	Contractual Adjustments
	Medicare
	Compensation Insurance
	State
	County
	Commercial Insurance
	Other
530-539	Administrative Adjustments
540-549	Allowance for Bad Debts
550-599	Other Adjustments to Revenue
.00-.99	Available under each account above

APPENDIX B - FACILITY TYPES

Broad definitions of selected types of facilities, given below, avoid setting standards unique to a particular licensing or accrediting agency. At the same time, they permit the user to adopt, expand and modify these definitions for his or her own specific needs. The list excludes facilities which provide primarily housekeeping and living support (e.g. foster care homes, personal care homes, boarding homes, old age homes) as well as facilities which do not specialize in serving persons with mental disorders per se (e.g. nursing homes, homes for delinquents, jails, homes for orphans).

The classification of selected types of facilities, based on historical definitions from the national reporting system and other sources, is as follows:

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
A. Comprehensive Community Mental Health Center: A facility which forms a service network providing comprehensive services and continuity of care for patients with mental illness and emotional disorders./a	Established according to regulations in PL88-164 and/or PL88-165. At a minimum, the center must provide inpatient care, outpatient care, day treatment service, emergency service and community consultation and education.	Serves primarily the mentally ill and emotionally disturbed. Some centers contain separate units which serve alcohol abusers or drug abusers exclusively.
B. Day Training Center: Freestanding facility which provides training in self-help, activities of daily living and social development preliminary to special education or other placement./a	Rehabilitation, non-residential.	Mentally ill children or mentally retarded children.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
C. Detoxification Unit: Either a freestanding unit or beds specifically designed for detoxification in a hospital or other facility./b	Detoxification is treatment by use of medication, rest, fluids and nursing care to restore physiological function after it is upset by toxic agents such as alcohol, barbiturates, etc./c	Alcohol and/or drug abusers.
Drug Abuse Unit	Includes clinics that use methodone maintenance and chemotherapy as well as detoxification.	Drug abusers
D. Diagnosis and Referral Center: Freestanding facility whose primary function is to screen recipient, make a diagnosis and refer recipient to an appropriate source. May also provide a limited amount of brief treatment service.	Diagnostic service.	Mentally ill or mentally retarded.
E. Emergency Psychiatric Unit: A freestanding unit or beds specifically designated for diagnosis, care and treatment of patients with psychiatric disorders who require emergency services.	Includes "hot lines," i.e. provision of emergency mental health services by telephone, and walking units, including those that provide crisis intervention (i.e. brief therapy for persons whose emotional equilibrium has been disturbed by acute crisis in their life situation).	Some units provide services in general psychiatric emergencies. Others specialize in providing services to alcohol or drug abusers.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
F. Group Practice Prepayment Plan Providing Psychiatric Services: An organization that employs the equivalent of three or more full-time physicians (including at least one psychiatrist) and has a formal arrangement to provide certain health services (including psychiatric service) on a non-fee-for services basis to its plan members./d These facilities are also called health maintenance organizations (HMO's).	Primarily outpatient.	Persons who are members of the plan are eligible. The members have contributed in advance toward the cost of the services through the payment of premiums or dues (or such payments are made on their behalf).
G. Hospital: Establishment with organized medical staff; with permanent facilities which include inpatient beds; and with medical services, including physician services and continuous nursing services, to provide diagnosis and treatment for patients./e	Hospitals which serve psychiatric patients are of these major types: 1. Psychiatric hospitals 2. General hospitals with separate psychiatric units 3. General hospitals without separate unit. (See below.)	
H. Psychiatric Hospital: A public or private mental hospital that knowingly and routinely admits patients for the expressed purpose of diagnosing and treating mental disorders./a	Must provide inpatient (24-hour) treatment. Can also provide services in other modes such as outpatient and day/night.	Specializes in serving the mentally ill or emotionally disturbed. May also have a separate unit for children, alcohol abusers, drug abusers or for the mentally retarded.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
I. General Hospital Providing Psychiatric Services: A general hospital that knowingly and routinely admits patients for the expressed purpose of diagnosing and treating mental disorders./a		
With Separate Psychiatric Unit: A separate psychiatric unit is an organizational unit within a general hospital which provides one or more treatment or other clinical services for patients with a known or suspected psychiatric disorder and is specifically established and staffed for use by patients served in this unit./a	Nature of unit may be either inpatient, day/night or outpatient. A given hospital can have two or more such units.	Specializes in serving the mentally ill or emotionally disturbed. May also have a separate unit for alcohol abusers, drug abusers or children.
With General Psychiatric Inpatient Services, But No Separate Unit: A hospital which knowingly and routinely admits patients with a known or suspected psychiatric disorder, but for whom services are not provided in a separate psychiatric unit. /a	Mode of service is inpatient but no separate unit is provided.	Specialize in seeing the mentally ill or emotionally disturbed. May also admit alcohol abusers, drug abusers and children.
J. Information and Referral Center: Freestanding facility whose primary purpose is to direct people with alcohol or drug problems to available helping resources./f	Referral service. Referral services are operated on the assumption that services exist elsewhere and the major need is to refer the right problem to the right agency.	Most are for alcohol abusers; some information and referral centers serve drug abusers only.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
K. Mental Health Day/Night or Weekend Facility: A separate facility whose primary purpose is to provide a planned program of milieu therapy and other treatment modalities. The service is designed for nonresidential patients who spend only part of a 24-hour period in the facility./a	Nonresidential. Also referred to as a partial "hospital" since patient is not hospitalized 24 hours a day, 7 days a week.	Primarily the mentally ill, but some may specialize in serving alcohol abusers or drug abusers.
L. Multi-service Mental Health Facility: A facility offering treatment and care in more than one type of service mode and not considered to be classified elsewhere. (e.g. community mental health centers not funded under PL88-164 or PL89-105). /a	Multiple service modes.	Primarily serves mentally ill or emotionally disturbed persons.
M. Outpatient Psychiatric Clinic: An administratively distinct facility whose primary purpose is to provide nonresidential mental health service and in which a psychiatrist assumes medical responsibility for all patients and/or directs the mental health program./a	Provides services on an outpatient (nonresidential) basis. May also provide services on basis other than residential. Emphasis is on traditional psychiatric "treatment" methods rather than self-help methods such as A.A. and Synanon.	Most serve primarily the mentally ill. A large number of these clinics are for children. There are also "alcoholism clinics," and "drug abuse clinics."

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
N. Residential Drug Program: An institution whose primary purpose is drug rehabilitation including therapeutic communities. Residential drug programs include both drug-free environments (hospital or prison) in which institutionalized treatment is compulsary, and therapeutic communities from which residents are free to leave at any time./g	Residential treatment, care and rehabilitation.	Drug addicts.
O. Residential Facility for the Mentally Retarded: A facility that provides 24-hour residential and domiciliary services directed to enhancing the health, welfare, and development of individuals classified as mentally retarded./h	Must provide residential care with emphasis on social skills, behavior shaping activities and recreation programs.	Mentally retarded.
P. Residential Treatment Center for Emotionally Disturbed Children: A residential institution that primarily serves children who by clinical diagnosis are moderately or seriously emotionally disturbed and which provides treatment services usually under the supervision of a psychiatrist./a	Nature of service must be residential. May also provide services on a basis other than residential.	Persons admitted to residential service must be less than 19 years.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
Q. Sheltered Workshop: A freestanding facility which provides remunerative employment for adults who are capable of partial self-support in a sheltered work environment./a	Rehabilitation. Works closely with other agencies which serve particular diagnostic group (e.g. education and training center).	May be established specifically for the mentally ill, alcohol abusers, drug abusers or the mentally retarded.
R. Special School: Freestanding facilities which provide educational services to children and adolescents unable to participate in the regular school program./a	Emphasis is on education, social skills and recreation.	Mentally ill children or mentally retarded children.
S. Transitional Facility: A facility providing residential services with a primary focus on the provision of room and board and the activities of daily living, rather than the provision of a planned treatment program./a	Primarily residential care with self-help "treatment," such as A.A.	These facilities include those that serve mentally ill persons, alcohol abusers, drug abusers or a mixture of these groups. (See more detailed categories below.)
Quarterway House: A residential facility intended to serve those alcohol abusers or drug abusers evaluated by a physician and determined not to need admission to a hospital, but who need custody to prevent further use of drugs or further ingestion of alcoholic beverages and to relieve the pain of the withdrawal syndrome./b	Primarily residential care with limited self-help "treatment."	Drug abusers and alcohol abusers. Most houses serve either drug abusers or alcohol abusers; however, some serve both.

Appendix B - Facility Types

Type of Facility and Definition	Service Mode (Nature of Services)	Groups Served
S. Transitional Facility (continued):		
Halfway House: A transitional facility which bridges the gap between the hospital and community living. Its purpose is to provide preventive and aftercare services for persons who do not need to be institutionalized but who benefit from a supportive living arrangement./c	Primarily residential care with self-help "treatment." Residents are frequently required to either get their own job or do work around house. For drug abusers and alcohol abusers, often require attendence at self-help sessions such as A.A.	Oriented either toward mentally ill, alcohol abusers, drug abusers or the mentally retarded.

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